

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY



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30 August 1997

DoH pronounces on analgesic pack sizes

Terfenadine: POM again from September 16

SPGC sets out reasons for rejecting 2.4pc offer

Guest editor: the future for OTC medication



C&D survey predicts EPIC struggle ahead

SB vows to fight against \$1.5 billion lawsuit

Glaxo loses US battle to block Zantac rival

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Delivering Healthcare

The Government's desire to reduce the number of hospital admissions and deaths from paracetamol overdose is laudable, but the way it has gone about achieving this objective is not. Its half-baked approach, announced nearly 10 months after the MCA's consultation letter went out, has all the hallmarks of political compromise rather than clinical justification. It also does little to enhance the reputation of the Medicines Control Agency as an independent body. Why put new restrictions on aspirin – but not ibuprofen – when the stated thrust of the MCA's consultation was to "reinforce safe use of what is accepted to be an extremely safe medicine (ie paracetamol) in normal usage". Any move to help people to use medicines more safely has to be supported, but the Royal Pharmaceutical Society rightly says that for most people education and information are the keys to the safe use of medicines. Tinkering with the GSL pack size is not a solution. It does not limit availability and will not stop multiple purchases. Nor will it stop those who, whether through ignorance or intent, take a dose higher than that recommended. It will undermine consumer confidence in OTC analgesics which are safe and effective when used properly, and it will cause endless frustration at the medicines counter where their dissatisfaction at being restricted to 32 tablet packs will be aired. If there is a genuine problem arising from the amount of analgesics rattling around in bathroom cabinets, then the answer is to look at their source. If it is excessive GP prescribing, enforce restraint. If it is OTC purchases, then why has the DoH not gone further and restricted all analgesic sales – regardless of pack size – to pharmacies, making them available only under a pharmacist's supervision. What else is the category for? Why waste such a resource?

CHEMIST & DRUGGIST

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The way ahead for self-medication

The Proprietary Association of Great Britain's president, Dieno George of Seton Healthcare, is *C&D*'s guest editor this week. In three thought-provoking articles, PAGB director Sheila Kelly, economist Jeremy Holmes and NHS trust medical director Professor David Reeves examine topics key to the future success of community pharmacy. OTC antibiotics are on the horizon, and the cost argument for making greater use of OTC medicines is ever-stronger. See pp18-22.



MCA cracks down on 'legal herbal highs'

The Government is to tackle the problem of herbal products promoted and sold as safe and legal alternatives to drugs such as cannabis or ecstasy.

Health minister Alan Milburn announced on Wednesday that the Enforcement Unit of the Medicines Control Agency will target products containing herbal material, such as khat, yohimbe bark, ipomoea and ephedra, and derived compounds. Besides concern over the safety of such drugs, sales are contravening the law because physiological claims are being made for products which are unlicensed.

Traders suspected of dealing in 'herbal high' products were made aware of the MCA's intentions over a year ago. Future cases will be referred to Government solicitors with a view to prosecution, said Mr Milburn.

A Department of Health spokesman said that manufacturers would be more than welcome to apply for licences for their products, but, until they do so, unlicensed products should be removed from sale.

He added that the MCA has no plans at this stage to require other unlicensed herbal products that make non-specific health claims to be licensed.

New restrictions on aspirin and paracetamol OTC

The pack sizes of over the counter paracetamol and aspirin products are to be reduced from September next year, the Department of Health announced on Tuesday, as part of a "drive to improve the safety of OTC painkillers".

Paracetamol products will also be required to carry new warnings about overdoses on-pack and in patient leaflets (see box).

From September 16, 1998, packs of GSL paracetamol and aspirin available from general stores will by law contain no more than 16 tablets or capsules.

Larger packs of 32 will be available from pharmacies. Pharmacists will be able to supply up to 100 tablets in "justifiable circumstances" (eg chronic, painful conditions). For amounts over 100 tablets, a prescription will be required, says the DoH.

Liquid paracetamol preparations will continue to be available without pharmacists' supervision in limited quantities.

Aspirin and paracetamol preparations in effervescent, powder and granule form will continue to be available as at present. The Medicines Control Agency says there is no evidence that these pose a risk from overdose.

Ibuprofen, the third analgesic mentioned in the MCA's consultative letter sent out in November, 1996, escapes from any further restrictions.

RPSGB guidance

It is important that pharmacists reassure people that aspirin and paracetamol are safe and effective analgesics when used at the recommended doses. During the transition period, pharmacists who display packs of 25 or less for self-selection should continue to do so until 16-tablet packs become available. Packs of over 25 tablets should continue to be treated as P medicines.

In view of the fact that quantities of 100 or more will only be available against prescription once the transitional period is over, pharmacists should from now on be personally involved in dealing with any request for 100 tablets and no quantity in excess of 100 should be sold to one purchaser at any time.

Health minister Alan Milburn, announcing the "new safety initiative", said: "Analgesics are safe and effective when used at the recommended doses ... The toll of deaths involving paracetamol overdoses calls for action to improve public safety."

The DoH claims that paracetamol overdose accounts for 30,000 to 40,000 hospital referrals each year, and 100 to 150 deaths. Paracetamol is the UK's most widely-used analgesic, with an estimated 130 million packs sold every year.

Aspirin, in contrast, accounts for 5,000 hospital admissions and there were 60 deaths from overdose in 1994.

The MCA says it is hoped the restriction on pack size will cut overdoses by at least 10 per cent. The long lead time is intended to ensure there will be a "careful transition", and give manufacturers enough time to adapt their packaging.

Pharmacists will have a key role in implementing the new rules and will be expected to dissuade customers from buying two or more 32-tablet packs at one time, a spokesman said.

The Agency is working with the Royal Pharmaceutical Society to draw up a protocol for pharmacists, setting out the circumstances in which 100-tablet packs could be supplied.

The RPSGB says it supports any move to help people to use medicines more safely, but adds that for most people education and information are the key to safe usage.

It continues to question whether it is in the public interest to allow painkillers and other medicines to be available from garages and general retail outlets, where there is no informed advice to hand.

OTC manufacturers are unhappy with the Department's decision, especially the makers of aspirin products, but largely resigned to it after a nine-month

wait. Most companies have contingency plans drawn up.

Sheila Kelly, director of the Proprietary Association of Great Britain, says that now the decision has been made the industry "just has to get on with it".

The rate limiting step for the changes will be the MCA, since it will have to process licence applications for new pack sizes and labelling. It is supplying detailed instructions to affected licence holders.

Whitehall Laboratories has questioned the decision to restrict pack sizes of aspirin products. It does nothing to address the issue of paracetamol overdose which was the original reason for the MCA review, the company argues.

Managing director David Beauchamp comments: "The DoH has allowed a one-year transition period. It is important that pharmacists and manufacturers work closely together to minimise consumer inconvenience and unnecessary concern."

The European Aspirin Foundation, which is supported by the major manufacturers of OTC aspirin brands, says it knows of no new evidence to justify a review of current marketing and distribution practices.

"It is clear that any changes in pack size and distribution patterns will be expensive. Prices to the public will have to rise to reflect this," it adds.

The MCA had proposed restricting the pack sizes of all three OTC painkillers – "to prevent significant disparities between comparable analgesics" – to GSL packs of 12 and Pharmacy packs of 30, with 100-tablet packs available for patients with chronic or recurrent conditions.

The current upper limits on the GSL availability of non-prescription analgesics is:

- Paracetamol 25 x 500mg (12.5g)
- Aspirin 25 x 325mg (8.125g)
- Ibuprofen 12 x 200mg (2.4g)

New paracetamol label warnings

- 'Immediate medical advice should be sought in the event of overdose, even if you feel well'
- 'Do not take any other paracetamol-containing products'

Patient leaflets, where available, will state:

'Immediate medical advice should be sought in event of an overdose, even if you feel well, because of the risk of delayed, serious liver damage'

Terfenadine on prescription again from September 16

The antihistamine terfenadine is to be restricted to Prescription Only status from September 16, the Department of Health announced on Tuesday.

The Royal Pharmaceutical Society is advising that in view of this decision there can be no justification for pharmacists to wait a fortnight before treating terfenadine as a POM. "Products containing terfenadine should be treated as prescription medicines with immediate effect."

The move, which is not unexpected, comes in the wake of a Medicines Control Agency consultation letter issued at the end of April. The Committee on Safety of Medicines had advised that terfenadine should revert to POM control because the "in-

creasing complexity of the precautions needed for its safe use mean it is unlikely that the drug can be used as safely as alternative non-sedating antihistamines without medical supervision".

Wholesalers are awaiting manufacturers' instructions on updating Pharmacy stock remaining in the trade. Everyone has minimal stock as they did not want to be caught out, and it is also the end of the hayfever season, comments Mike Watts of the British Association of Pharmaceutical Wholesalers.

Branded OTC products which contain the drug include Aller-eze Clear (discontinued since April by Novartis Consumer Health), Terfenor (Baker Norton), and Seldane and Trifludan

(Hoechst Marion Rousell). Own-brand products are available from Boots and Unichem.

Hoechst Marion Rousell undertook to review the stock situation following any announcement earlier in the year. The manufacturer says that it will be issuing guidance next week.

Manufacturers are surprised by the timing of the Department's move. The French suspended the marketing of terfenadine in February and instigated a European-wide review through the EC's Committee on Proprietary Medicinal Products.

Its report is expected in September, and its decision will be binding on all EC members. It was anticipated that the MCA

would act in concert with the CPMP decision. It is not expected that terfenadine's POM licence will be revoked.

Terfenadine has been available as a Pharmacy medicine since 1985. However, reports started to surface in the early 1990s of cardiac arrhythmias in patients taking the drug concurrently with imidazole anti-fungals and macrolide antibiotics. Such drugs, along with grapefruit juice, inhibit the drug's metabolism and raise the blood plasma levels.

The MCA says 37 adverse cardiac reactions have been associated with the drug since its introduction in 1982.

The RPSGB had opposed reinstating POM controls for terfenadine products, arguing that pharmacists had demonstrated that effective measures could be put in place speedily to minimise inappropriate use. The Society also said that the criteria set out in the Medicines Act which should be taken into account in determining a POM classification did not apply to terfenadine (C&D June 11, p18).

Recruitment problem looms for EPIC?

Only a small minority of community pharmacists are prepared to join EPIC, the recently-formed employees association, according to C&D's latest quarterly business trends survey, sponsored by AAH Pharmaceuticals.

A vast majority believe that organisations like the Boots Pharmacists Association should not canvass for candidates in the RPSGB's Council elections, even though only just over 50 per cent actually voted.

And for details of how a minimum wage might affect pharmacies turn to p26.



New Scottish secretary

Dr Sheila Stevens is to succeed David Davidson as secretary of the Royal Pharmaceutical Society's Scottish Department. She takes up her post on October 1.

Pharmed update

Pharmed has put a revised version (2.2) of its Public Interface Document on its Internet site. This can be found at www.pharmed.org.uk.

Supermarket neighbourhood affirmed

A judge has strengthened the 'Cripps Causeway' ruling that supermarkets can be considered neighbourhoods in terms of providing a pharmacy service.

Giving his judgment at a High Court judicial review on July 30, Justice Collins said there must be regard for those in the neighbourhood who are not residents. He thought it relevant to consider a wider area than the immediate vicinity, and if a store meets the needs of people from further afield, then geographical factors are irrelevant.

The application for judicial review was made jointly by pharmacist Mansukhlal Shah and

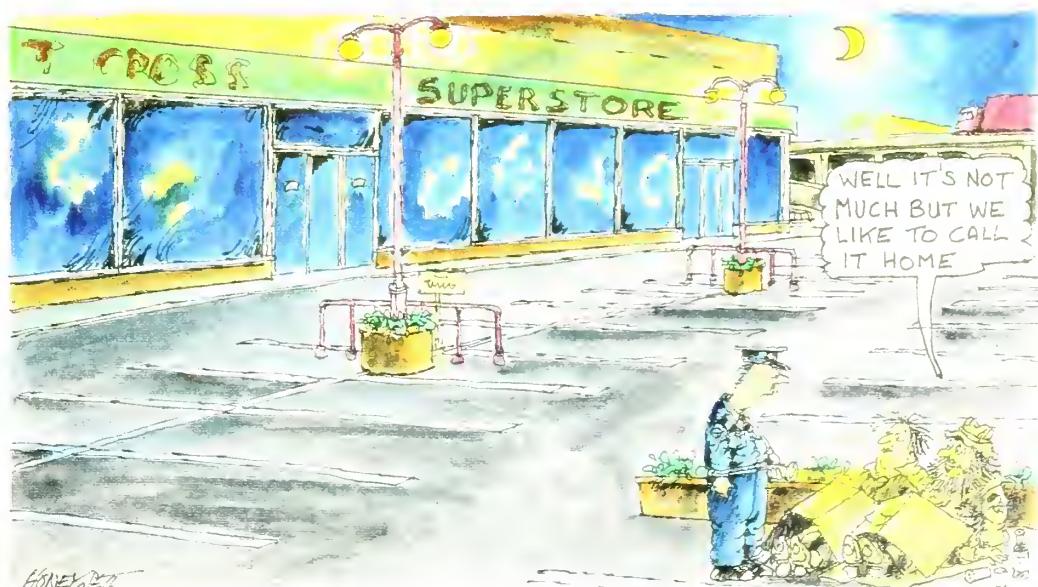
Tesco. Mr Shah had sought to transfer his business into the Tesco supermarket at Brent Cross shopping centre in north London in 1995, which then had 20,000 customers a week. Mr Shah had appealed to the Family Health Services Appeal Authority over Barnet FHSAs refusal to grant a relocation. The FHSAA had rejected Mr Shah's appeal in May 1996.

The judge said the store will attract those coming from further afield. He believed in this case the needs of those within the neighbourhood, including the majority of shoppers, have the greatest importance and pharmaceutical

services must therefore be adequate.

Although Justice Collins could not make the FHSAA accept Mr Shah and Tesco's joint appeal, he was able to direct that a fresh appeal be heard. In giving his verdict, he referred to "helpful" observations made by Lord Justice Thorpe, regarding an earlier application in Melksham.

Lord Justice Thorpe had said: "In my judgment the relevant population is the population dependent upon the relevant pharmaceutical services. These appeals illustrate that the reliant population is not necessarily resident within the neighbourhood."



Falsifying passports

The manager of a pharmacy, who endorsed photographs and signed a passport application form without knowing the applicant as a favour to a friend of his father, narrowly escaped being struck off at a disciplinary hearing recently.

Nasir Hussain Rashid of Balsall Heath, Birmingham, had worked for Dispharma since 1991, and endorsed the photos on his first day as manager of the branch in Coventry Road, Small Heath.

The Statutory Committee of the Royal Pharmaceutical Society heard Mr Rashid was approached by a Mr Mushtaq, known to a friend of his father, requesting him to endorse the photos.

The next day another man, not known to Mr Rashid, asked him to sign an application form which stated he had known the applicant for at least two years. He did not read the form and the warnings against false declaration.

The Committee heard that the Immigration Department had started investigating when Peterborough Passport Office alerted them that the photographs did not match the name on the application form.

Mr Rashid had made no financial gain and co-operated with the authorities when he was arrested in October, 1995.

He had pleaded guilty at Birmingham Magistrates Court in March last year to lying about the applicant. He was fined \$200 and ordered to pay costs of \$45.

Issuing a reprimand, Committee chairman Gary Flather QC said illegal immigration was a serious problem. "This Committee finds that one of the most difficult things to stomach was the mitigation by Mr Rashid that he had been hoodwinked by a tragic hard luck story. Pharmacists are people who every day of their lives have people asking them for favours," he said.

In such cases pharmacists are usually struck off, but as Mr Rashid made no financial gain, had never committed a similar offence and co-operated with the police, the Committee decided on a reprimand.

Hannawin becomes secretary of the PCC

Terence Hannawin is to succeed Thos O'Rourke as the secretary of the Pharmaceutical Contractors Committee in Northern Ireland. Mr Hannawin, chairman of the PCC from 1990 to

SPGC critical of Scottish Office in pay negotiations

The Scottish General Pharmaceutical Council chairman, Andrew Taylor, is warning Scottish contractors of possible outcomes in pay negotiations with the Scottish Office.

"If additional funding is not forthcoming, substantial reductions in any or all of the core dispensing fee, the professional allowance and the period of treatment fee (coupled with an increase in the thresholds) will be required to remain within the global sum," he says.

SPGC rejected an offer of 2.4 per cent uplift on August 7 for being "significantly short of what

is required to fund all centrally-negotiated community pharmaceutical services to a level of adequacy which patients have a right to expect".

This was an increase on the previous offer of 2.3 per cent on last year's global sum, rejected for being "wholly inadequate". The Department of Health is predicting an increase in prescriptions of 3.13 per cent for 1997/98.

Mr Taylor is also concerned over negotiations for the serial dispensing fee for nursing and residential homes, and drug addicts. In a meeting with Scottish health minister Sam Galbraith, SPGC stated that the very significant increases in serial dispensing from Care in the Community initiatives and from tackling the problem of drug misuse is threatening the collapse of the service.

SPGC's standing committee has suggested either prescribers should not continue to prescribe serially or for the serial dispensing fee to be reduced to nil, until additional funding is made available. Serial dispensing attracts a fee of 22p. Mr Taylor warns that it is likely the Department will reject these suggestions and impose a serial dispensing fee.

Misuse of Drugs Act review is launched

A two-year independent review of the Misuse of Drugs Act 1971 has been set up by the Police Foundation.

The inquiry aims to see whether the Act is still an effective piece of legislation after 25 years on the statute book. In 1994, the Association of Chief Police Officers called for more and better research into the effects of enforcing the present legislation.

The review, which starts in September, will look at the original aims of the Act and then consider how the situation has changed. A final stage will look at the practical implications of any suggestions for reform.

Police Foundation director Dr Barrie Irving says interim reports will be published during the review. In particular, he says the review will look at whether legislation serves the needs of health

professionals.

Although Government does not have to accept the findings, Dr Irving is hopeful that the range of policy options the committee will provide will inform the politicians in their decisions regarding key changes in the Act's reform.

National Pharmaceutical Association director John D'Arcy welcomed the review. The Royal Pharmaceutical Society will also be responding to it.

The Government has ruled out the decriminalisation of drugs, but said it was "interested in contributions to the drugs debate".

Leader of the House Ann Taylor said the Government would be appointing a drugs 'tsar' soon to review drugs strategy, adding there was already an independent statutory body advising on the 1991 Misuse of Drugs Act.

PPA welcomes new director on board

Christine Dalton has been appointed as the Prescription Pricing Authority's new director of pharmaceutical advisory services.

She took over the post on August 18, following the retirement of the previous director, Peter Smith. Mr Smith joined the PPA in December, 1965, as deputy superintendent of the Northumberland Pricing Bureau. He held a variety of posts at the PPA before his appointment as director in July, 1989.

Mrs Dalton registered as a pharmacist in 1980 and was previously manager of the pharmaceutical services department at the North Tyneside Health Care Trust.

Peter Smith, who has retired as director of pharmaceutical advisory services for the Prescription Pricing Authority



DTI's database protection consultation

Changes to the legal protection of databases are being proposed by the Department of Trade and Industry in a consultation document issued last week. The changes under discussion will principally affect those designing databases, rather than those using them.

Views are being sought on the EC Database Directive, which introduces a new right against unauthorised extraction or reuse of database contents. It also

limits copyright protection to databases of which the selection and arrangement of the contents are the author's own intellectual creation.

Copies of the consultation document can be obtained from Tony Scott, Copyright Directorate, the Patent Office, 25 Southampton Buildings, London WC2A 1AY. Comments should be sent to Stuart Booth at the same address to arrive by September 30.

MCA clarifies policy on product names

The Medicines Control Agency says that it will reserve the right to refuse a proposed product name on safety grounds where the name is already associated with a different active ingredient or different therapeutic use.

In the latest issue of *MAIL*, the MCA also says that brand names may be used by more than one company as part of a product name, provided the full product names are not identical. Companies which propose to use a new brand name will be asked whether they are the owner of that name or to produce evidence that the owner of the name agrees to its proposed use.

Companies may also incorporate their name into a product name provided that they are the manufacturer as well as being the licence holder.

It's tough oop North!

At the risk of stereotyping, the Scottish and Northerners are the most likely to suffer from hangover related sickness on holiday, says Boots. Holidays are ruined because of this in 9 per cent of cases, more than double that for other areas.

The Boots Holiday Healthcare Survey of 2,000 holiday makers taken over last summer found that only 14 per cent of Scots buy travel sickness remedies, although 50 per cent suffer.

Moving south, 14 per cent of Midlanders claim never to buy holiday health products, although they purchase the most condoms. Londoners are most likely to get constipated, with 13 per cent suffering and 7 per cent saying their holiday was ruined as a result.

'Archaic' Whitley Council faces reform

The Department of Health is proposing a review of the Whitley Council's structure, with implications for hospital pay awards.

The review of the 'archaic' structure will examine the representation of groups on the Council and may introduce more local bargaining, says Patrick Canavan of the MSF union to which the Guild of Hospital Pharmacists is affiliated. The review will also consider splitting pay and non-pay review bodies.

The Department wants to talk to unions and staff pay review bodies about terms and conditions of service. In 1995, the MSF resisted bargaining on terms and conditions.



Revolutionary review

Some of the submissions to the Crown review on the prescribing and supply of medicines are now filtering through to the media and a general picture is emerging which could provide a framework of consensus for changing pharmacists' professional responsibilities.

The most important area is that of prescribing, and the pressure is building to involve pharmacists by further blurring the lines of demarcation between diagnosis, prescribing and supply.

With the short timetable for initial submissions to the Crown review, minds are being extended and ideas concentrated. The resulting consultation document could herald suggestions for change that could revolutionise the provision of healthcare. And, as the review is probably not looking to maintain the status quo, I suspect that radical options will be given the most serious consideration, while cries of 'no change' will fall on deaf ears.

There are few limits to my horizons and I view with suppressed excitement an environment where no sacred cow is safe. I envisage the time when I will be the first consultation point for patients seeking healthcare; a time

Topical Reflections

when I may refer patients onwards to more specialist help, or where I may choose to treat by selling services or medicines in either the private or public sector.

The Crown review consultation document could provide a basis for change in the next century as revolutionary as the Beveridge report some 50 years ago.

Muddying the VMS waters

I find the present debate over vitamin and mineral supplementation interesting, but also highly confusing as I suspect that interested parties are deliberately muddying the waters to the point where the public really do not know who to believe.

Maurice Hanssen argues that the only criterion for controlling food supplements should be safety (*C&D* August 23, p20) and that the public should have free right of access to products, but equally I believe the public should be provided with an officially approved description on the label describing a supplement's health-promoting properties.

I find that determining the difference between a true supplement and a medicine is difficult enough when I have access to published information, but the public have no help other than the questionable publicity of the popular press, and myself – should they choose to ask.

I am delighted to take my share of the sales boom of 'food supplements' and feel that pharmacies are the natural place for their sale, but destructive criticism of proposed controls inevitably encourages me to suspect self-interest. I know the present medicines licensing

system cannot provide an answer and the EU proposals leave a lot to be desired. Safety is important, but so is reliable information.

If the supplement industry believes proposed legislation is unreasonably restrictive, then it should produce constructive proposals to provide the public with continued free access, safe products and accurate information, while preventing the abuses that daily make headline news in the health pages of the tabloid press.

The protocols of selling medicines ...

Sleepia is still being heavily advertised and the demand has been exceptional. This should be good news, but Dotty conscientiously follows her medicines sales protocol and has quickly discovered that almost every request for Sleepia is from a customer who has already tried Nytol. The result is a 'no sale', but a very grateful customer!

In the US, the 'P' category for medicines does not exist, and there is pressure in this country for a similar two-track GSL and POM system. I regret my lost sales and sometimes the frustration of so much apparent wasted time, but by her action Dotty is showing the public the value of her training and why her pharmacy is different from that supermarket up the road.

I feel sorry for Pfizer if its efforts to establish Sleepia are being frustrated, but its loss is community pharmacy's credibility gain. Medicine sales protocols do work and the 'P' category of medicines is effectively being supervised.

First-line use for Zerit

Zerit (D4T, stavudine) has been approved for first-line combination therapy for HIV-infected adults and children over three months with progressive or advanced immunodeficiency. Stavudine should be combined with other nucleoside analogues, with or without the addition of a protease inhibitor.

Bristol-Myers Squibb Pharmaceuticals. Tel: 0181 572 7422.

Juvela part-baked rolls

Scientific Hospital Supplies has added part-baked bread rolls to its Juvela Gluten-free range. The Vienna-style rolls (five x 75g, £3.19) will stay fresh all day once baked. They are available on prescription.

Scientific Hospital Supplies International. Tel: 0151 228 1992.

Dermestril dose change

Dermestril (oestradiol transdermal matrix patch) can now be used continuously without a one-week break every three weeks. In women with an intact uterus, progestogen should be given for the last 10-12 days of each month. In these women, vaginal bleeding may occur at the end of the progestogen treatment period. **Sanofi Winthrop.** Tel: 01483 505515.

Co-trimoxazole deletion

Co-trimoxazole tablets 80/400 (trimethoprim/sulphamethoxazole) 250-pack, Category C, will be deleted from Part VIII of the Drug Tariff from September 1.

Rapilysin launch

Boehringer Mannheim has launched Rapilysin 10 U (reteplase), a recombinant plasminogen activator for the thrombolytic therapy of acute myocardial infarction (within 12 hours after onset of symptoms). The drug is given as a double bolus injection, 30 minutes apart. Rapilysin comes in packs of two with a basic NHS price of £750. **Boehringer Mannheim UK.** Tel: 01506 412512.

Minitran still available

Bayer wishes to stress that Minitran GTN patches are still available. The company took over the UK product licence from 3M earlier this month and has exclusive marketing and distribution rights. **Bayer.** Tel: 01635 563000.

Pregnant smokers deny taking risks

Women are continuing to smoke during their pregnancy because they do not think it poses a health risk to themselves or their baby.

Pregnant smokers are less likely than non-smokers to agree that cutting down on or quitting cigarettes during pregnancy is important, or that passive smoking is dangerous to their unborn child or the newly-born, according to a new survey from the Health Education Authority.

This is despite the evidence of increased risk of miscarriage and sudden infant death syndrome. More weight was attached to alcohol consumption and stress avoidance than to cigarettes.

The main reason given for smoking is the addictive nature of the habit. Half of all pregnant smokers said they had their first cigarette within half an hour of waking. Other perceived benefits of cigarettes included stress relief (claimed by 32 per cent of respondents), relaxation (14 per cent) and relief from boredom (14 per cent).

Almost a third smoke during pregnancy, a trend which is increasing as more young women take up the habit.

The HEA survey is being presented at the 10th World Conference on Tobacco or Health being held in Beijing, China, this week.

Long live the meek ...

The meek and submissive are less likely to suffer from coronary heart disease than their aggressive, domineering counterparts, reports a study in *The Lancet*.

This personality trait, particularly in women, has been shown to protect against myocardial infarctions. Previous studies have indicated that Type A individuals – characterised by hostility, frustration and competitiveness – are more prone to CHD.

The Edinburgh Artery Study examined personality types of a random sample of 810 men and 780 women aged 55-74, and followed them for five years for evi-

dence of cardiovascular events.

At follow-up, 7 per cent of men and 3.6 per cent of women had suffered a non-fatal myocardial infarction; 3.1 per cent of men and 1 per cent of women had a fatal MI; and 5.9 per cent of men and 5.2 per cent of women had developed angina pectoris.

Taking into account personality, researchers found that those who did not suffer an MI had significantly higher mean submissiveness scores. However, after adjusting for confounding factors, this character trait was seen to independently protect against non-fatal MI in women only.

Hearty advantages to a life by the Med

Diet is a key factor in the fourfold difference in mortality from coronary heart disease between people living in Northern Europe and those living around the Mediterranean, according to a study presented at the Congress of the European Society of Cardiology in Stockholm.

The ongoing Seven Countries Study of 12,000 middle-aged men, which began in the 1950s, identifies dietary differences between the two regions. After a 20-year follow-up, men with the highest 'healthy diet' scores showed a 13 per cent reduction in overall mortality and an 18 per cent

reduction in cardiovascular disease mortality when compared to the group with the lowest 'healthy diet' score.

A group of patients who consumed a diet in which most of the oils were replaced with olive oil and rapeseed margarine (richer in alpha-linolenic acid) were found to have a significantly lower number of heart attacks.

Mediterranean diets are characterised by a high intake of mono-unsaturated fatty acids from olive oil. There is also a high consumption of vegetables and fruits, and moderate consumption of fish and wine.

Schering takes over Mirena

Schering Health Care will be taking over the marketing, distribution and medical information support of Mirena (levonorgestrel intrauterine system) from Pharmacia & Upjohn from September 1. All enquiries should be directed to: **Schering Health Care.** Tel: 01444 232323.

Ilosone distribution

The distribution of Ilosone capsules and tablets (erythromycin estolate) will transfer from Novex Pharma to product licence holder Lilly Industries from the beginning of September.

Lilly Industries. Tel: 01256 315176.

Salamol MDI withdrawn

Salamol metered dose inhalers (salbutamol) will be withdrawn by Norton Healthcare from September 1 due to low prescription demand. The company's generic salbutamol will continue to be available. **Baker Norton Pharmaceuticals.** Tel: 01279 426666.

New from Pharmacia & Upjohn

Pharmacia & Upjohn has launched aciclovir cream (10g, basic NHS price £15.94), and aciclovir tablets 200mg (25, £28.89), 400mg (56, £105.95) and 800mg (35, £107.30). The company has also replaced oxybutynin 5mg 100-tablet packs with the 56-tablet patient pack (£15.25). **Pharmacia & Upjohn Ltd.** Tel: 01908 661101.

Migraine booklet

The Migraine Trust is introducing a new 16-page booklet on the management of migraine to coincide with Migraine Awareness Week (September 8-14). Copies of 'Taking control of your migraine' are available free from September 8 from: **The Migraine Trust.** Tel: 0171 831 4818.

Which? guide to asthma

Which? has published a patients' guide to asthma to highlight how correct management can help control symptoms and allow sufferers reclaim their quality of life. The book also discusses how diet, exercise, stress and pollution affect asthma. The **Which? Guide to Managing Asthma** (£9.99, p&p free) can be ordered on Freefone 0800 252100.

GAIN POUNDS WITH NEW SUGAR FREE STREPSILS



New Sugar Free Strepsils will be available from 11 August.

With TV support adding weight to the campaign you will make a healthy profit.

Contact your Crookes territory manager or wholesaler for details.

Effective throatcare. Now available without sugar.



PRODUCT INFORMATION: Strepsils Sugar Free Throat Lozenge containing: 2,4-Dichlorobenzyl Alcohol 1.2mg, Amylmetacresol B.P. 0.6mg. Also contains: Isomalt, Dried Maltitol Syrup, Tartaric Acid, Flavourings (Lemon [contains E320], Elderflower [contains ethanol] and Rosemary Oil), Sodium Saccharin. **Indication:** For the symptomatic relief of mouth and throat infections. **Dosage:** Adults and children: One lozenge to be

dissolved slowly in the mouth every 2-3 hours. **Contraindications:** Hypersensitivity to any of the ingredients. **Precautions:** If symptoms persist, consult a doctor. **Side Effects:** May cause hypersensitivity reaction. **Packaging Quantities:** 16 lozenges per carton. **Legal Category:** GSL. **Price:** £1.85. **PL:** 0327/84. **Licence holder and manufacturer:** Crookes Healthcare Limited, Northgate, NG2 1AA. Prepared by

COUNTERpoints

Karvol drops in

Crookes Healthcare is extending its Karvol range by launching a dropper formulation.

Karvol Family Decongestant Drops contain the same ingredients as Karvol Capsules – including pine oil, cinnamon and menthol – but are intended for use by the whole family.

The 12ml bottle is seen as more suitable for experienced mothers who are looking for convenience and family usage. Karvol capsules tend to be used by new mums who like a pre-measured dose format, says the company.

Following the success of last year's television campaign for Karvol – which ran from

midnight to 6.00am – Crookes will be spending \$250,000 on a similar campaign during January and February.

The company will be offering consumer sampling through parentcraft magazines, and scratch and sniff cards will be sent to mothers of second children who are registered with the Bounty database.

Pharmacy counter assistants can also expect to see an



information pack with a sample bottle delivered by the sales force.

The dropper bottle will be available in case sizes of six and will retail at \$2.45.

Crookes Healthcare Ltd.
Tel: 0115 953 9922.

Arkopharma's capsules are going vegetarian

Arkopharma will switch from gelatine to 100 per cent vegetable origin capsules in September.

The move is taking place across the company's entire range of herbal remedies, with the exception of four that hold product licences, which will switch in January.

New packs will display

a large green 'V' logo and a statement explaining the capsules' suitability for vegetarians and vegans.

The capsules will increase from size 1 to size 0 and will contain 30 per cent more ingredients in each, so consumers will not require as many in a day.

The number of

capsules in a box will reduce from 50 to 45, providing half a month's treatment.

The retail price will increase to £4.35 a box, but as daily costs will decrease by an average of 15 per cent, this will mean better value for consumers.

Arkopharma (UK) Ltd.
Tel: 0181 763 1414.

Gentle touch for new-look Throaties

Jacksons has relaunched its Throaties medicated confectionery following research that says

consumers prefer the product without its sugar coating.

Throaties are available in three flavours – Strong Original, Blackcurrant with Vitamin C and Honey & Menthol.

The company is supporting the relaunch with a £500,000 national press campaign in top young women's titles throughout the autumn and winter. The advertising strapline is 'I've got a sore throat, be gentle with me'.

Women aged 18-34 are the heaviest users of medicated confectionery, according to the company.

Ernest Jackson & Co Ltd.

Tel: 01363 772141.



Zantac 75 goes on trial

Warner-Lambert is distributing free Zantac 75 two-tablet trial packs to pharmacists.

The trial pack launch follows a consultation with the Royal Pharmaceutical Society which has no objection to the discretionary supply of trial packs of the product providing they are not put on open display.

The company is also launching a new 24-tablet pack (£6.99) to appeal to frequent users.

Warner-Lambert Consumer Healthcare.
Tel: 01703 641400.

Under par? Stay around with Imodium

Imodium will be back on television in September with a fourth commercial in its successful 'eyes' campaign.

The new version features a golfer enjoying a round of golf without having to worry about his diarrhoea 'following through'.

The campaign will be on-air for three weeks from September 8 to coincide with coverage of the Ryder Cup.

international golf tournament in Valderama, Spain.

Each Imodium commercial in the current series features people in situations where diarrhoea would be a disaster, but who are able to get on with life thanks to the product.

Johnson & Johnson MSD Consumer Pharmaceuticals.
Tel: 01494 450778.

Space-saving Healthilife displays

For a limited time Healthilife is offering a free-standing display unit, worth \$100, to pharmacists who buy \$500 of stock.

The unit, which has six shelf levels and is 2m high, 30cm wide and 30cm deep, can accommodate 27 lines, as well as housing 12 product information leaflets.

The stand will be available to pre-booked retailers from September 3 and then to other

retailers on a first come, first served basis.

• Healthilife is re-running its extra value 180s pack promotion following its March success.

The promotion centres around nine of the company's best-sellers, including cod liver oil, evening primrose oil, super vitamin B complex, vitamin E (200iu), high potency calcium complex and vitamin C.

Healthilife Ltd.
Tel: 01274 595021.

Hansaplast Thermo hots up for relief

Hansaplast Thermo is a new herbal heat plaster from Beiersdorf for the relief of muscular and rheumatic pain.

The plasters heat up when applied to skin, relieving pain in conditions such as lumbago, myalgia, backache and sciatica.

Each plaster contains the counter-irritants capsaicin extract and cayenne to stimulate blood flow to the affected area, and arnica

extract to inhibit inflammation. The plasters can be cut to size and applied for up to 48 hours.

One Hansaplast Thermo plaster retails at \$2.99 and comes in a compact display unit holding ten plasters. A \$250,000 spend will include advertising in the national and women's press between December and February.

Dendron Ltd.
Tel: 01925 229251.



*"***M**y poor friend Stanley has many different allergies. *"*



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"He needs Piriton."

This shouldn't take long... just like Piriton. Piriton provides effective relief from *any* anti-histamine responsive allergy, *any* time of year, and don't forget, Piriton Syrup is also suitable for anyone over the age of one. We'll be advertising Piriton everywhere soon, so shouldn't it be on your shelf? Piriton has a well-proven safety profile, good efficacy and a heritage to be proud of - all at a very cost competitive price - recommend a classic, recommend Piriton.

A classic for all the family

**CHLORPHENIRAMINE
MALEATE**

PIRITON™

for allergies

Product Information: Piriton Allergy Tablets containing 4mg chlorpheniramine maleate. Piriton Syrup containing 4mg chlorpheniramine maleate in 10ml **Uses:** Relief of allergic conditions including hayfever. **Dosage and administration:** Tablets: Adults: 1 tablet. Children: aged 6-12 1/2 tablet. Every 4-6 hours. Syrup: Adults: 10ml. Children: aged 6-12 5ml. Aged 2-5 2.5ml. Every 4-6 hours. Aged 1-2.25ml. twice daily. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May affect ability to drive and use machinery. **Co-existing conditions:** Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease, epilepsy, glaucoma and other eye conditions. Syrup contains sugar. use with caution in diabetes. Maintain good

dental hygiene. Pregnancy and lactation. Consult doctor before use. **Side effects:** Common: gastro-intestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular disturbances, chest tightness. Blood vessels: dilated. Uncommon: dizziness and tinnitus. Children and the elderly are more prone to the neurological manifestations and rarely may become confused or excitable. **Retail selling price (inc. VAT):** Pirton 40mg 100s £2.30 £2.19. Pirton Syrup 150ml £2.75. **Legal Category:** P. **Product licence numbers:** Pirton Syrup 0036 (0791). Pirton Allergy Tablet. **Product licence holder:** Staff Sgt. M. J. Broadwater, Royal Welsh Regiment, Broadwater Road, Welshpool, Powys, Wales, SY20 9JL. **Date of preparation:** May 2001. **Expiry date:** 30/06/2003.

New men's range out of the blue

Blue is a new range of toiletries for men from Parfums Bleu.

Building on the Blue Stratos heritage, the new fragrance is designed to appeal to a younger market.

It is described as a modern marine ozonic fragrance with woody undertones.

The comprehensive grooming range includes aftershave lotion (50ml, 100ml), aftershave skin conditioner with aloe vera, eau de toilette spray, soap-free facial wash, facial moisturiser with aloe vera, soap-free shower gel, body spray, deodorant spray and alcohol-free deodorant stick. Retail prices range



from \$2.49 to \$11.99.

The range is packaged in brushed aluminium and etched glass.

The launch will be supported by a \$500,000 pre-Christmas TV campaign in December.

As an introductory

offer in independent pharmacies, 30ml trial sizes of aftershave (\$2.99) are available in a special display unit until the end of the year.

Parfums Bleu.
Tel: 01628 777188.

Nivea's TV ads

Smith & Nephew is supporting its Nivea Visage moisturising cream with new TV advertising, starting in London and the South on August 29, and in the rest of the country from mid-October. The 20-second spot, featuring model Joanna Rhodes, will run alongside a 7.5 million direct mailshot to women aged 16-35, reaching one in three homes.

Smith & Nephew Consumer Products Ltd.
Tel: 0121 327 4750.

Miners' colourful eye opener

Miners Cosmetics is launching a colourful new range of loose powder eyeshadows.

The Professional Eye Shadow Powders come in 24 shades – from bright colours like Back to the Fuschia and Yellow Peril to the more subtle shades of Midas Touch and Peaches and Cream.

The powder can be applied with a dry brush for a soft hint of the shade or with a wet applicator to give a stronger effect. The colours can be mixed and matched to create an individual look.

Retail price is \$1.99.
Paul Murray plc.
Tel: 01703 268444.

Girl power spices up Impulse spray

Elida Fabergé has launched a special edition Spice Girls Impulse body spray.

The oriental fragrance blends springtime freshness with a mix of musk, amber vanilla and delicate woods.

It has been created by New York-based fragrance consultant Ann Gottlieb. She explains: "The ingredients reflect each of the Spice Girls – such as exotic paduk wood for Mel B (Scary Spice) and warm amber and red pepper for Geri (Ginger Spice)".

The launch will be supported by a \$1.8 million advertising campaign, which



Impulse will also feature in 'Spice Girls – the Movie', which will premiere at the end of December. Cinema advertising for Impulse Spice will coincide with the film's release. About 250,000 scented postcards will also be distributed in cinemas.

In addition, 3.8ml scent strips will appear in the teenage, style and music press.

Elida Fabergé.
Tel: 0181 481 6000.

All the essentials for bathtime luxury

Designer Yohji Yamamoto has created a new unisex bathline, called Yohji Essential.

The line comprises a foaming gel (200ml, £22) and body lotion (200ml, £25).

Yohji Essential has notes of natural vanilla, vanillin, sandalwood,

musk and coumarin, and is similar in composition to the Yohji fragrance. It comes in tall, sleek white cans.

The bathline will be advertised in the Christmas editions of *Marie Claire* and *Elle*.
Jean Patou Ltd.
Tel: 0171 328 1036.

Christy's mouth-watering lip balms

Christy's new fruit-flavoured lip balms offer three in one protection for dry, sore lips.

The product contains vitamin B5 which, the company says, helps to condition the lips and prevent roughness by promoting cell renewal.

The formulation also contains vitamin E to help protect against environmental damage and maintain the skin's elasticity. Other

ingredients are aloe vera and coca butter plus a sunscreen.

Packaged in neat pots, the balms come in three flavours – Tangerine Tease, Strawberries 'n' Cream and Black Cherry Dream.

The product is available at a special introductory retail price of \$1.49.

Network Management Ltd.
Tel: 01252 351100.



Nice 'n' easy Clairol colour scheme

Readers of *Bella* magazine's August 24 issue are being invited to join the Nice 'n' Easy Colour Club and have the chance to win \$20,000.

Entries must be sent in by the end of October accompanied by two Nice 'n' Easy box tops plus till receipts. All entrants will become members of the Club and have the chance to receive a \$5 Marks & Spencer voucher.

Members will also

receive regular colourant and beauty updates from Clairol, including details of hair colour trends and colouring tips.

• Bristol Myers is supporting its Clairol Nice 'n' Easy permanent hair colourant on TV in the autumn.

The commercial will return to TV screens in October and run nationally for four weeks.

Bristol-Myers Co Ltd.
Tel: 01895 628000.

ON TV NEXT WEEK

Advil: All areas

Clarityn Allergy: C, GMTV

Crest complete toothpaste: Y

Dentu-Creme: All areas

Diflucan One: All areas

Just for Men: All areas

Listerine: C, A, M, LWT, CAR, C4, Sat

Pantene: All areas except GMTV

Poligrip Ultra: All areas

Wella Experience: C4

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire

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ENTEROSAN 24's POR @ 50% = £1.15 profit per pack

ENTEROSAN 40's POR @ 50% = £1.85 profit per pack

MINTEC 12's POR @ 50% = £1.24 profit per pack

MINTEC 25's POR @ 50% = £2.41 profit per pack

You will be able to order Monmouth OTC Products from your wholesaler with the 50% (POR) margin built in to the difference between trade and retail prices.

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PHARMACEUTICALS

Monmouth Pharmaceuticals Ltd,
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Telephone: 01483 565299.

Dendron's kiss of life for Blistex

Dendron is investing £850,000 in a promotional campaign for its Blistex lip care range.

Targeted at 12-25-year-old females, the campaign will appear in young women's

magazines, cinemas and at point of sale from October to March.

The eye-catching 30-second cinema



commercial features a 'Kiss of life' theme.

Added support will be given at the *Clothes Show Live* in December,

where the product will be sampled to over 250,000 visitors.

• A similar campaign targeted at 15-24-year-old females will promote Blistex Cream in

the cinema and young women's press through the winter.

Dendron Ltd.
Tel: 01923 229251.

Gillette Sensor Excel Challenge for independents

The Gillette Sensor Excel Challenge will be launched in independent pharmacies in September.

The consumer promotion features the offer of a Gillette Excel razor, plus one set of cartridges for £1.49 (\$3.85 np) – a saving of £2.36.

Aim of the promotion is to persuade the 6.1 million men who are still using a disposable razor to trade up to a systems razor.

It will be exclusively supported in independent chemists with high-impact point of sale material, including counter units containing

12 razors and window cards.

According to the manufacturer, Sensor Excel achieved a 40.6 per cent share of razors in independent pharmacies following a similar promotion earlier this year.

Gillette UK Ltd.
Tel: 0181 560 1234.

Hot stuff available for cold feet

Scholl has introduced a new winter insole, called Ultratherm.

It is designed to give 25 per cent more insulation than the company's Thermal Gold insole.

The product has been developed in Austria for demanding outdoor activities, such as mountaineering and skiing.

It features a nitrogen-filled thermoform foam layer to cushion and retain warmth. An additional layer of insulating foam has a

silver foil skin to protect against damp.

For greater insulation and comfort, the insole can be moulded to the foot by warming for two to three minutes with a hairdryer.

Available in packs of six, the product retails at £3.99 for one pair.

A £330,000 press, radio and poster campaign will support the launch throughout December and January.

Scholl Consumer Products Ltd.
Tel: 01582 482929.

Quicksnap H for those wider shots

Fuji is changing the format of its Quicksnap superslim, advanced photo system, one-time use camera, so that it can produce prints that are 25 per cent wider than before.

Though all pictures will be shot in H format, Quicksnap superslim users will have a choice of three advanced photo systems – C, P and H – when they order reprints or enlargements from their photoprocessor.

The superslim and

superslim flash cameras will retail for prices of \$6.99 and \$9.99 respectively.

• Fuji's Quicksnap camera came top in men's magazine *Stuff's* review of one-time use cameras.

The company's DL290 zoom came top in a test of compact cameras on the BBC's 'Value for Money' television programme on August 21.

Fuji Photo Film (UK) Ltd.
Tel: 0171 586 5900.

1st choice

Thanks to you Cuprofen is the most recommended analgesic brand* in pharmacy.

- Cuprofen offers your customers premium brand quality and performance - at a price they like, at a profit you want.
- Exceptional POR deals available.

* Taylor Nelson AGB - Counterpoint (Q1-Q4 1996)

Cuprofen
IBUPROFEN TABLETS
MAXIMUM STRENGTH
POWERFUL PAIN RELIEF
24

Cuprofen
IBUPROFEN TABLETS
FAST EFFECTIVE PAIN RELIEF

Cuprofen
IBUPROFEN TABLETS
MAXIMUM STRENGTH
POWERFUL PAIN RELIEF

24

FOR IBUPROFEN, CHOOSE CUPROFEN

Seton
Healthcare Group plc
Always read the label.

48

During the past nine months, there has been an incredible amount of consolidation among the various retail pharmacy entities, particularly the 'traditional' multiple pharmacy groups. For a variety of reasons this consolidation is causing concern and is having a significant 'ripple effect' on others in the marketplace.

In US retail pharmacy, there is a total lack of regulation over who can own a pharmacy and where it can open.

There is no law saying a pharmacy can only be owned by a pharmacist, as in France and many Western European countries; no contract limitation, like the UK, or licensing restrictions which limit the total number of pharmacies allowed in the country, as in Australia. It follows that retail pharmacy is crowded with corporate pharmacy competitors, as well as the independents. There are:

- 22,000 independent pharmacies (one man, one shop)
- 25,000 chain or multiple pharmacies, mostly corporate-owned
- 6,000 pharmacies within supermarkets
- 4,000 pharmacies in mass merchants, like K-Mart and Wal-Mart.

There is also a large and active mail order pharmacy segment, which controls more than 9 per cent of the pharmaceuticals market share. There is a rapidly growing long-term care pharmacy environment, serving nursing homes and other non-hospital institutional settings from a handful of centralised dispensing sites throughout the country.

While consolidation, particularly in the American business world, is certainly not a new phenomenon, a number of large deals recently transacted by chain pharmacies have made industry and government figures take a new look at what the creation of these 'mega-chains' could do.

At the moment, our chain pharmacy environment of some 25,000 stores is dominated by four companies:

- Rite Aid, with 4,000-plus stores (four major acquisitions in nine months)
- CVS, also with 4,000-plus stores (recently acquired Revco, formerly our second largest chain)
- Eckerd, a 4,000-plus store chain formed by the merger of two large groups
- Thrift Drug, owned by J C Penney, and Eckerd (Florida's largest chain pharmacy group)
- Walgreens, with 2,500 stores and growing internally at the rate of 200 stores per year, without acquisitions.

Retail giants on a buying spree

The headlong rush into consolidation among the leading US pharmacy chains is threatening the balance of power in the market, as Tony de Nicola explains

When you add to this the 3,600 pharmacies in Wal Marts and K-Marts, and the 1,000 pharmacies owned by Kroger, the country's largest supermarket chain, you quickly see that a grand total of almost 19,000 pharmacies, fully one-third of the

closely. It is concerned that monopolies are being formed which could raise prices to consumers, as well as dominate certain regional and local third-party prescription programmes.

Until now, only one proposed deal has been rejected, with the threat of a government lawsuit

power is not to the liking of suppliers. The ability to negotiate better prices and terms, coupled with the difficulty in developing long-term relationships within these giant companies, is becoming a real problem. People change positions rapidly as consolidation continues, and 'relationship selling' is fast becoming a thing of the past.

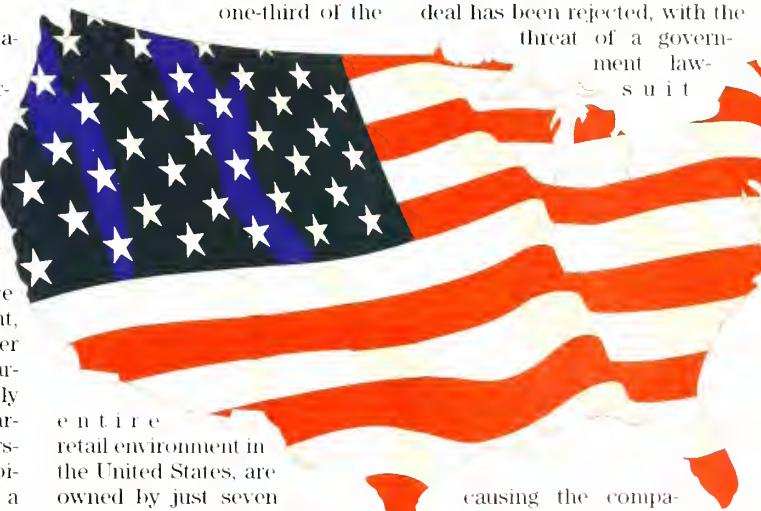
● Independent pharmacists have mixed feelings, to say the least. The one bright spot is that as the chain groups grow larger, they also grow more and more impersonal. While this was always a problem with chain pharmacies, it is increasing as the companies get 'more distant from the field'.

Chain pharmacy practice has never been easy, because of the demand for high output. But, as the chains fight for market share, they know that it may be difficult to continue to build new stores in an already crowded retail marketplace. So they are increasingly buying selected independents who have reasonable market share of their own. So the value of certain independent shops has actually increased in the last year or so.

There are only a few really large regional chains left, primarily on the East and West Coasts. Assuming that they are bought in the next 12-18 months, there will only be small multiple groups and independents left to acquire.

All this has led to much speculation about the future viability of independent pharmacy within the US. The question is, can the independent pharmacy, in any shape or form, survive there?

Anthony de Nicola is a pharmacist and president of pharmacy consultancy A&D Associates. He has 25 years' experience in community pharmacy, owning two pharmacies in New York. He founded and directed the Legend Pharmacy Co-operative, a network of 850 community pharmacies in 15 states, for 13 years.



entire retail environment in the United States, are owned by just seven companies, all giant corporate entities.

Since the strategy of these companies is usually to try to dominate or control individual markets, in order to maximise warehousing, distribution and advertising opportunities, the concentration of some of these groups in the more populous and affluent markets is, in some cases, truly incredible.

Walgreens, long considered the 'granddaddy' of pharmacy multiple groups (the Boots of the US, one might say), has more than 300 stores in Chicago alone, virtually one on every corner.

As these groups continue to expand, they claim that their consolidation will create efficiencies that will serve consumers and third-party payers well. However, those most concerned say that may not be the case. Interested (and concerned) groups include the following:

- The Federal Government. The Federal Trade Commission (similar to the Monopolies & Mergers Commission in the UK) has started to scrutinise the mergers and acquisitions much more

causing the companies involved to back down.

Usually, the FTC will approve the deal, asking only that a certain number of stores in certain markets be divested, in order to allow for competition within a specific market (similar to the government mandate in the UK that Gehe sell off the elements of the distribution business of Lloyds Chemists subsequent to its acquisition).

● Third payers and the PBMs. These companies are concerned that, as the groups grow, they will gain leverage and negotiating power. Until recently, third-party payers were always able to get pharmacies to accept low reimbursement by playing one group off against another.

Now, it will probably be necessary for certain multiple pharmacy groups to participate in contracts in specific markets, as they could conceivably be 'the only game in town' whose presence is necessary to provide pharmacy services in the locality.

- Pharmaceutical manufacturers and wholesalers. As with the third-party payers and PBMs, concentration of purchasing



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It's not just the size of our inventory that makes BCM Specials unique – even if we do have the largest list of special formulations in the world. Nor is it simply the quality of our medicines, checked at every stage by our team of pharmacists, which differentiates us.

We recognise that reliability is essential to the health of your business. Which is why we do our utmost to ensure deliveries are made on the day we say. (In most cases you'll find items are despatched within 48 hours – in an emergency, we can turn around an order the same day).

BCM Specials is also distinguished by a commitment to service which dates back to our foundation in 1938.

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Chemex - premier event for pharmacists

Over 1,700 pharmacy professionals have pre-registered to attend Chemex '97 at Olympia on September 21 and 22, sending a clear signal that the show is still the premier event for pharmacists and pharmacy buyers.

With over 100 exhibiting companies, 19 free seminars, a prize draw for a £1,000 holiday voucher and free creche facilities, the exhibition has something for everyone.

Demonstrating the most

effective product display techniques in the exhibition's Model Shop will be Procter & Gamble, Smithkline Beecham, Unichem and the Moss Advisory Service.

Suzy Tippett of Procter & Gamble enthuses: "The Model Shop will give pharmacists the opportunity to see how category management can work for them and their business."

The Shop will be focusing on skin care, hair care, nappies, sanpro and OTC displays.



CHEMEX'97

21-22 SEPTEMBER 1997
OLYMPIA 2 LONDON

Peter Falix of shopfitting and design company Crescent Installations comments: "The Model Shop is a perfect opportunity to help pharmacists

plan their pharmacy in an efficient, ethical and, ultimately, profitable way."

Crescent will use merchandising techniques to project a typical presentation of a modern working pharmacy depicting P medicine and GSL products.

The company will also illustrate the design and manufacture of the dispensary and retail fittings to incorporate the current Royal Pharmaceutical Society requirements for patient counselling and services.

The Model Shop will be open for business throughout Chemex.

All pre-registered visitors will automatically be entered into the prize draw for a £1,000 holiday voucher. You can request your complimentary tickets now by calling: **Chemex '97 Hotline.**

Tel: 01203 426482.

Mam's small talk

Mam UK will have two added value consumer promotions on the Miles Group stand (E7).

Mam's Soft Spout Trainer System and Twist 'n' Seal Drinking Cup will both be available with a free Ulti Mam Skincare Soother worth £1.60.

Packs will be flashed 'free soother' and will have the normal rrp of £2.99. They come in outers of six.

The Best Sellers Pack will also be available giving the opportunity to buy small quantities of Mam products. It contains three Twist 'n' Seal Drinking Cups, three Soft Spout Trainers, ten Ulti Mam Soothers, six Ulti Night Soothers and six Mini Ulti Mam Soothers. It is available to pharmacies with two free packs of soothers.

Mam (UK) Ltd.
Tel: 0121 326 6992.

Light relief for acne

An Israeli treatment for acne and herpes will be launched in the UK on stand A3.

Called Nono, the product utilises phototherapy (660nm normal light) to treat acne, facial lesions, lip sores, mouth and gum ulcers and herpes.

The battery-operated product is used by applying the luminous head onto a lesion.

The device stimulates the elements in the scab-forming and healing process. It has been produced by an Israeli company which specialises in telecommunication materials.

According to the company, the product can be used safely with no side-effects and is the result of over eight years' research. It has been tested in accordance with the criteria of the American Conference of Governmental & Industrial Hygienists.

Millennium Technology.
Tel: 0118 973 1616.

Philips and Jordan keep smiling through

An alliance between Philips and Jordan has produced a new range of electric toothbrushes.

Available from September, the products will be introduced on the Medielite stand (A1).

The brushing performance of the Philips Jordan 2-Action plaque removers is based on an oscillating brush head and a controlled soft pressure brushing system.

Features include an independently-moving 'Active Tip' for increased interdental plaque removal and a soft pressure brushing system (the brush clicks back if the user brushes too hard).

Retail prices range from £39.95 for the single-head HP

510 to £59.95 for the twin-head HP 735.

Philips DAP.
Tel: 0181 689 2166.

Bioconcepts' patch repels all boarders

Bioconcepts will be launching a DEET-free mosquito-repelling patch on stand N24.

Each small, adhesive Mozzie Patch contains micro-encapsulated essential oil of citronella.

It can either be applied to a piece of furniture (eg a bedhead, pram or pushchair), directly onto the skin or be concealed in a wristband which comes with the pack.

Suitable for babies, children and adults, the product is hypoallergenic and non-toxic.

● Bioconcepts will be giving away trial-size products with exhibition orders for the La Formule in-store display packs or full-sized products. A free bottle of Bio-Light will also be given with every six-pack ordered.

Bioconcepts Ltd.
Tel: 01705 499133.

Image's bright idea

Image Fibre Optics will be introducing bright new signs for pharmacies on stand NPA10.

Signs such as 'Pharmacy open' and 'Prescriptions' are supplied in association with the National Pharmaceutical Association.

They are illuminated with conventional long-life fluorescent lamps and use self-coloured fibre optic rods.

The design of the fibre optics gives a clear, sharp image which is legible from different angles.

The signs run off an ordinary plug and socket, and come with suspension chains, fixing hook and a fitted plug.

Image Fibre Optics (Europe) Ltd.
Tel: 0181 805 7945.

Cosmetics debut

Collection 2000 will be unveiling three new cosmetic lines on stand P2. Non-transferable Lipstick Stylo, Moisture Enhanced Lipstick and Wet and Dry Natural Finish Foundation will be seen for the first time at the exhibition.

Collection 2000 Ltd.
Tel: 01695 50078.

Healthy reading

Vitabiotics will be giving away free 'Women's Health' books with orders placed on stand A9. Published by Collins, the book is worth £4.99. Early visitors to the stand will also be able to pick up special point of sale material and free trial samples of Vitabiotics' supplement range.

Vitabiotics Ltd.
Tel: 0181 963 0999.

Interactive competition

Active Response is planning an exciting Pharmacy Information Point (PiP) competition exclusively for visitors to Chemex '97. Visitors can try the PiP interactive touch-screen computer system for pharmacy customers on stand L4 in the NPA Village or in the Model Shop.

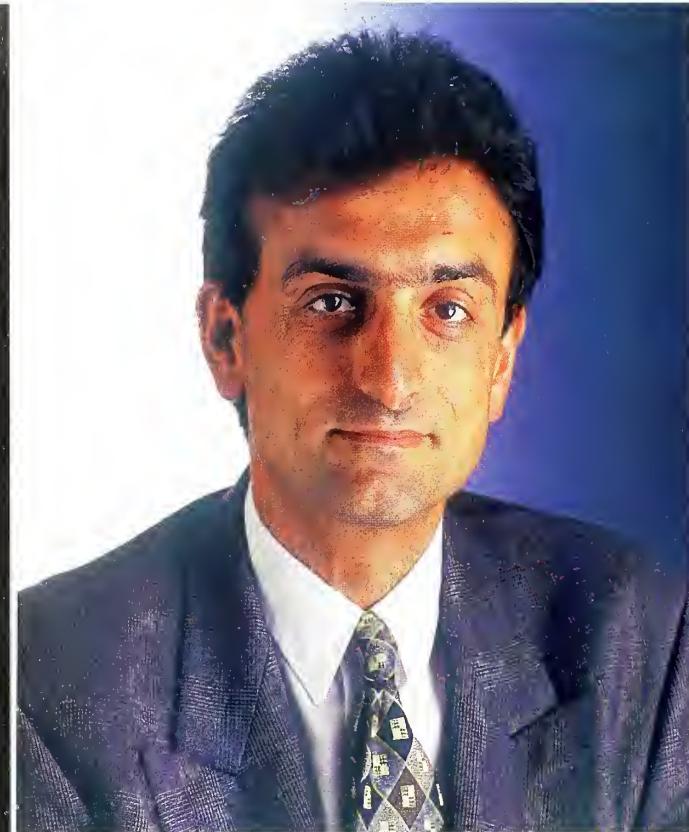
Active Response.
Tel: 0171 378 7731.



Unusually, for a president of the Proprietary Association of Great Britain, I don't want to go on about Resale Price Maintenance. The Office of Fair Trading's review of RPM is a huge issue and it is taking up a lot of PAGB time, but we are working with the Community Pharmacy Action Group to manage it. I don't even want to go on too much about POM to P. What I want to talk about is kickstarting the OTC market and developing a policy that convinces Government that OTC medicines should be a key part of the healthcare system in the 21st century.

In the past five years, with Government encouragement, more than 30 molecules have moved from Prescription control, often bringing with them new OTC indications for conditions such as vaginal thrush, irritable bowel syndrome, prevention of indigestion and arthritic pain. Despite these changes, 39 per cent of a GP's time is spent seeing patients and writing millions of prescriptions for ailments which could be treated with a product bought at a pharmacy. Over 80 per cent of those prescriptions are free, and that will have to change as resources in the future are directed at the genuinely needy. People who can afford to self-medicate will be encouraged to do so.

The concept of collaborative care – people managing chronic illnesses themselves after an initial diagnosis by a doctor – will be accepted. This change will happen slowly, even if we do nothing, as doctors are forced to ration their time and patients find it harder to get to see them. The rate limiting factor is Government supported. We need an OTC policy which will provide for the radical



change necessary to bring this about. It will be vitally important that consumer groups support any such proposals for change.

Self-medication always has a problem getting its share of voice in such broad debates. If we are to be heard we must develop a common position. Sheila Kelly, PAGB executive director, and my first author, explains why this is vital and how it will benefit all participants. Allied to this is the need to maintain the momentum of POM to P switches to give consumers wider access to better medication. In the second article, Professor David Reeves presents a strong argument for OTC antibiotics (all the more interesting as a few years ago he was among those who believed it should never happen). Finally, all of this has to be put into the wider healthcare context, and there is no more practical way of demonstrating this to a Government than to highlight the potential savings self-medication offers to the NHS. Jeremy Holmes reveals the scale of savings that could be achieved.

Dieno George, president, Proprietary Association of Great Britain

Workin

Sheila Kelly, executive director of the PAGB, argues that there has never been a better time to present a consensus view to Government. But it means talking to each other first ...

Coalition (*ko-a-lish-un*) n. a union or combination of persons, parties or states into one body; a league; an alliance. (*L. co-, together; alescere, to grow up*).

May I saw the beginning of a new approach to politics in Britain. The Labour Government's election victory brought with it the opportunity to drive through major changes in the whole structure of social, health and economic control.

There is every sign that Labour intends to take full advantage of its parliamentary majority to do so. But power also brings its responsibilities – not to abuse that trust, to seek consensus where possible and to involve minority groups so that they feel part of the process.

Tony Blair calls it stakeholding, and his commitment to it is seen at its most dramatic in the establishment of a cross-party cabinet committee with the Liberal Democrats. At a stroke, this swept away hundreds of years of British political tradition.

This means that organisations like PAGB, whose job is to represent its members to the new Government, will have to change the way it works, too. It's not going to be acceptable any more to turn up with one side of the story, however well researched or argued. This Government is going to expect us to have talked to other stakeholders. Any proposals will have to be tested in debate and be acceptable to a broad range of interests.

A few of years ago, in Australia, the Labour government there, with similar funding and structural problems to those we now face in the UK, decided not to try to find solutions themselves but to share the problem and to challenge everyone to work together to find an answer.

The promise was that the government would take any reasonable proposals into revised regulations and legislation. Health

Put out together

professionals, academics, consumer representatives and industry met in a series of facilitated seminars, conferences and workshops.

After an initial period of suspicion, circling and position stating, they got down to work and discovered that they agreed on a lot of things. The outcome was an agenda for change backed by all the parties, publicly debated – and a coalition for change that no government could ignore.

With this background, it's no surprise that in the past few weeks the National Pharmaceutical Association, the Royal Pharmaceutical Society and the PAGB have all suggested that it is about time for a similar approach on the future of self-medication and its role as part of primary healthcare.

What these stakeholders could gain is obvious. Pharmacists want an increased professional role, a wider range of OTC products and inclusion in the primary healthcare team. The industry wants a vibrant OTC market and a climate which encourages investment to help develop new products.

We all need doctors to take part in these discussions and they should be interested in reducing the 39 per cent of their workload which is currently devoted to minor ailments. Some of the work is already being delegated to the practice nurse. While that helps, it does not stop people feeling the surgery is the first port of call. Shouldn't it be the pharmacy?

Consumer groups say they want a wide range of medicines, easy access, low prices for OTCs but a strong NHS safety net.

Are these aims realistic? Are we all sure we really know what

people want? What would we concede to get support? Can the people who speak for different organisations guarantee to deliver what is promised? Should we be sharing our knowledge, and perhaps commissioning joint research so we all speak from a base of fact rather than opinion? These are all matters which could be thrashed out in discussion.

Setting out to develop a consensus in such a difficult area is not easy. In the past, the relevant organisations would develop individual positions, then gradually edge towards each other over a long period, ready to retreat at any sign of opposition.

We might all wish to speak to Government individually and without others knowing what we have said, but nowadays the Government wants greater transparency in the consultation process, so doing deals behind closed doors may also be a thing of the past. It was never a satisfactory way of operating.

Any government would rather see a single, well-argued proposal backed with facts, instead of five or six different positions which it then has to sift and prioritise. We need to recognise this environment and realise that not having a coalition may be the greatest risk of all for self-medication.

There isn't much time to get together. Over the next year this new Government will decide what needs to be done to achieve the most comprehensive review of the NHS in 50 years.

There is a real danger that the focus is on secondary care and general practice, and that self-care and self-medication will be sidelined with the pharmacist yet again outside the primary healthcare team. More importantly, we will lose an opportunity to put the consumer at the centre of our discussions to ensure that we meet their needs and give them the empowerment we all talk about, but often fail to deliver.

Tony Blair has said that the only way to shape a better Britain is to put aside long-held mistrust and to work together. Those of us involved in healthcare must be prepared to do the same.

PAGB director Sheila Kelly



OTC antibiotics – an advance or a step too far?

Professor David S Reeves MD FRCPath, medical director and consultant medical microbiologist at Southmead Health Services NHS Trust, Bristol, looks at the benefits and pitfalls of taking a limited range of antibiotics over the counter

The wider availability of antibiotics through non-prescription sources is a concept raising strong sentiments in many doctors.

At a time when the problem of antibiotic resistance is receiving considerable attention, it is right to question whether any potential benefits of increased access to antibiotics might be outweighed by more resistance.

While this might be a supportable contention if all or most were to be more freely available, there may be a case for allowing the OTC availability of a limited range of antibiotics.

It is essential to define what I mean by 'OTC' and 'antibiotic'. There is no question in my mind that antibiotics should never be available on the General Sales List. (By OTC availability, I mean Pharmacy status.)

Antibiotic is taken to mean an antibacterial agent. The principle of having other types of anti-infective agents available OTC is already established.

Patients wishing to make use of pharmacy medicines are self-medicating, assisted by the pharmacist. The pharmacist is not actually 'prescribing' medication, but trying to ensure the self-medication proposed is appropriate and will be used correctly.

In making the case for the availability of OTC antibiotics, there are both benefits potentially applicable to all OTC medicines and those specific to the treatment of bacterial infection.

The benefits

Patients would benefit from having a greater choice of how they

Continued on P20



◀ *Continued from P19*

obtain medication, especially if it is needed urgently. At a time when there is increased emphasis on self-reliance and a trend away from paternalistic attitudes to patients by health professionals, it seems more appropriate people should take more responsibility for their own health.

The NHS might benefit by reduced drug costs, and by GPs having more time to spend on activities producing greater health gain. Pharmacists would have increased opportunities to use their skills.

The pharmaceutical industry would also benefit from greater marketing opportunities.

Bacterial infections often present acutely, perhaps at times when access to a GP is difficult, and the availability of an antibiotic from a pharmacist might considerably shorten the time before effective therapy can begin.

Early treatment has certain benefits:

- shortening the length of the illness
- preventing the progression to a more severe illness
- reducing the period of infectivity to others.

Against potential benefits, it is necessary to set the possible adverse consequences to individual patients. Antibiotics are also unique among medicines in that their use can produce adverse benefits to society as a whole from increased resistance.

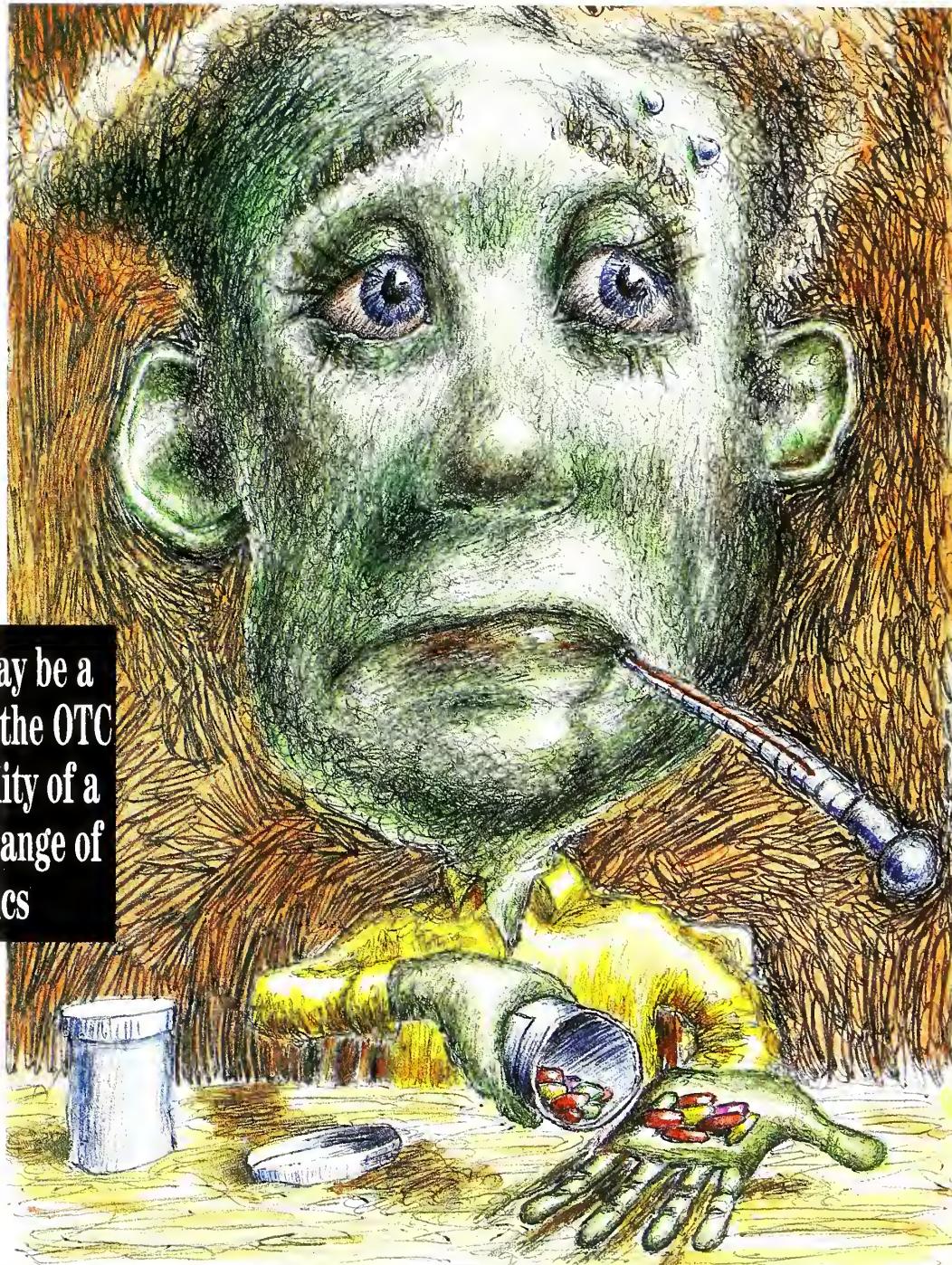
Points against

The accuracy of diagnosing an infection may be reduced if a medical opinion is not sought. Lack of privacy may also hinder the consultation.

At present, pharmacists do not have ready access to laboratory tests, so obtaining an aetiological diagnosis will be impracticable. However, most GPs seeing patients with symptoms of possible bacterial infection only arrange for a minority to have such tests.

A lack of access to a continuous health record, such as that held by a GP, may increase the likelihood of adverse reactions or drug interaction in individual patients.

Modern technology may soon render this argument invalid as patient records and GP-pharmacist computer links make access easier. However, serious reaction and interaction are uncommon with most antibacterials, and the risks could be further



reduced by having clear instructions on the patient information leaflet and by the pharmacist using a questionnaire.

By far the greatest concern engendered by the possible deregulation of antibiotics is that it will result in increased use, which in turn will lead to more bacterial resistance. Whether increased use would result depends on the antibiotics and their indications.

Most people accept that some increase in use would occur. The extent is difficult to anticipate and might be small in the context of total antibiotic use. There is no doubt that antibiotic resistance by bacteria has resulted from their use in humans and animals, but, again, it is impossible to predict what changes may result from a limited increase in use.

Since it is unlikely that formal scientific studies will show a definite link between use and resistance in the foreseeable future, it is wise that we accept the existence of a link. Change could, however, take many years to happen and would depend on the antibiotics concerned.

The OTC availability of antibiotics might change their pattern of use in a way which could be ecologically favourable. For example, various oral beta-lactam antibiotics are frequently prescribed for acute urinary tract infections in women. Nitrofurantoin, an agent specific for UTI and without cross-resistance to the beta-lactams used for serious infections, is not much used because the best formulations are expensive, but women wishing to purchase an antibiotic OTC may choose one if

it were available.

Since any deregulation of antibiotics would be entering uncharted territory, I believe that it should be monitored by careful and systematic surveillance of usage and bacterial resistance to establish its impact – if any.

Which infections?

Probably the most important factor in deciding which infections might be suitable for therapy with OTC antibiotics is that the symptoms should be easily recognisable by the public.

Therefore, throat and upper respiratory infections would not be good candidates since the symptoms for bacterial and viral infections (the latter being, in any case, more frequent) are similar. Further, any infection treated by self-medication should not be life-threatening.



Prof David Reeves, medical director, Southmead Health Services NHS Trust

and not easily confused with such infections.

Because of the worries of resistance, agents from classes of antibiotics used for treating serious infections should not be available OTC for oral use. Thus all oral beta-lactam antibiotics (penicillin and cephalosporins) would be excluded.

Suitable agents would have prescription indications predominantly for the target conditions, and the resistance of likely pathogens would be of a low order.

Furthermore, the dosage regimen should be simple enough to make compliance likely. The safety profile of the antibiotic should be well established.

I see three possible indications for OTC antibiotics.

● **Minor skin infections** (infected minor trauma, boils, etc) are caused by a limited range of pathogens which are susceptible to some topical agents not used systemically. Such agents have been shown to be efficacious used in this way.

● **Urinary tract infections**. Acute uncomplicated UTI in women of child-bearing age can readily be recognised if it has previously been diagnosed by a GP. Recurrences could be suitable for self-medication.

● **Conjunctivitis**, although sometimes caused by pathogens not susceptible to antibiotics,

gives rise to distinctive symptoms. Since GPs do not usually do microbiological tests, it is unlikely that self-diagnosis would be any less accurate. The exposure of the patient's body flora to an antibiotic given topically into the eye would be negligible. I feel the benefits of immediate access to treatment outweigh the risks of increased use.

The agents used could be an aminoglycoside or a fluoroquinolone, since topical application is unlikely to engender a general increase in resistance.

The future

There is considerable political interest in looking at ways of making greater use of OTC medicines. The Department of Health is presently reviewing the supply of medicines and health secretary Frank Dobson believes that there could be a greater role for pharmacists in accessing them, including antibiotics (C&D August 9).

The British Society for Antimicrobial Chemotherapy (BSAC) has a working party on OTC antibiotics which should soon be making its conclusions public. The Select Committee on Science and Technology may well ask for evidence on the topic.

Professional views could also become less hostile as it is realised that careful and selective availability of OTC antibiotics might have real benefits to individual patients and may only have a slight or, indeed, no impact on resistance in the context of huge prescription and animal use.

Certainly my own views have matured in recent years (see Reeves and Lewis, *Journal of Antimicrobial Chemotherapy*, 1995, 36, 579-583) as a result of prolonged consideration of the issue and by talking to other health professionals, especially GPs.

On the other hand, indiscriminate availability of oral antibiotics related to those used for serious infections would cause intense antagonism from microbiologists and other doctors concerned with infection, and could well run the risk of significantly increasing resistance.

The watchword would seem to be slow progress based on informed professional advice.

Professor Reeves co-chairs the BSAC working party, but the views expressed here are his and not those of the working party. He is a consultant to J&J MSD Consumer Pharmaceuticals.

OTC contribution to primary care

Jeremy Holmes of the Economists Advisory Group spells out the cost and time benefits to the NHS from the better use of OTC medicines

The 1994 Audit Commission Report, 'A Prescription for Improvement: Towards More Rational Prescribing in General Practice', identified the potential £263 million per year that OTCs saved the NHS drugs budget.

It also argued many patients would find it more convenient to buy a wider range of common medicines without prescription, and for some who pay prescription charges it could be cheaper.

In March, 1996, a report from Erwin et al in the *British Medical Journal* showed an increase in the proportion of GPs agreeing to drugs becoming available OTC. Other research by PMSI has shown that 83 per cent of GPs are either extremely comfortable or comfortable about referring patients to pharmacists for the treatment of minor ailments.

So far, however, the full contribution of self-medication to primary healthcare has been poorly understood. A useful way to look at that contribution is in terms of the alternative scenarios in the use of NHS resources in treating minor ailments.

Alternative scenarios
Table 1 (overleaf) summarises five alternative scenarios, and shows the principal cost factors involved, distinguishing between costs to the NHS, the consumer and employers.

The table also shows the proportions of minor ailments which result in each scenario, as indicated by a recent report from the British Market Research Bureau. Eight times as many ailments result in a prescription as an OTC recommendation. Yet the PMSI research indicates that 88 per cent of GPs agree or tend to agree that OTC recommendations should be an integral part of their treatment approach.

If the principle of self-medication is so well accepted, why is it so poorly applied in practice? Maybe the answer lies in a lack of understanding of the overall importance of self-medication to primary care and the beneficial consequences of OTC treatment.

All the actors in each of the alternative scenarios need to understand this importance -

GPs, pharmacists and other NHS professionals, consumers themselves and employers (who potentially stand to gain from a policy of OTC recommendation, since sickness is the main reason for absence from work).

The BMRB research indicates that adults suffer, on average, from more than five minor ailments in a two-week period. This includes everything from headaches and indigestion through to cuts, coughs and colds. About 20 per cent of these ailments are treated with OTC therapies.

If we look at the circumstances surrounding OTC medicine usage, we find that almost all cases (96 per cent) are for ailments experienced before, and that such ailments are much less likely to result in a visit to the GP the second time around.

Where the ailment has been self-treated (whether by an OTC or a prescription medicine already in the house), and has been experienced before, in 71 per cent of cases patients said they recognised the symptoms.

The research shows that where an ailment has been experienced

Continued on P22 ▶



Economist Jeremy Holmes

Table 1: cost factors involved in primary care of minor ailments

	% Ailments	NHS (£)		Consumer (£)				Employer (£)
		GP Consultation	Rx	Rx (if not exempt)	OTC	Travel to GP	Travel to Pharmacy	
a)	A GP consultation resulting in no drug treatment (% includes referrals)	3	16.00			1.26		31.73
b)	GP consultation resulting in a prescription and visit to a pharmacy	7	16.00	8.74	5.65	1.26	0.29	31.73
c)	A GP consultation resulting in recommendation for OTC treatment and visit to an OTC retailer	1	16.00		2.00	1.26	0.29	31.73
d)	No consultation but purchase of an OTC treatment	9			2.00		0.29	
e)	No consultation but treatment using a therapy already in the house	17						

Sources: 1 Twelve-month Consumer Study of Self-medication in Great Britain, BMRB International, May, 1997. 2 Netten, A & Dennett J, 1996, Unit Costs of Health & Social Care, PSSRU, University of Kent. 3 Average cost of prescription dispensed by a pharmacy; Prescription Pricing Authority Annual Report 1995-96. 4 Prescription charge (applicable to non-exempt patients only). 5 PAGB average industry estimate. 6 EAG estimate based on 6km return travel at Inland Revenue rate for 1001-1500cc car of 21p per km (47% of English health authorities have fewer than 80% of wards with one practice within 3km of the ward centre; York Health Economics Consortium, Second Report for the NHS Executive on Primary Care Consortia & Patient Choice, October, 1996). 7 EAG estimate based on 1.4km return travel costed as in 6 above (50% of the population travel less than 0.7km to visit a pharmacy; Aston University/MEL Research, 1991). This assumes OTC retailers are no closer than a pharmacy. 8 Half-day absence; cost derived from CBI report, Managing Absence 1996.

Sources:

1 Twelve-month Consumer Study of Self-medication in Great Britain, BMRB International, May, 1997.

2 Netten, A & Dennett J, 1996, Unit Costs of Health & Social Care, PSSRU, University of Kent.

3 Average cost of prescription dispensed by a pharmacy; Prescription Pricing Authority Annual Report 1995-96.

4 Prescription charge (applicable to non-exempt patients only).

5 PAGB average industry estimate.

6 EAG estimate based on 6km return travel at Inland Revenue rate for 1001-1500cc car of 21p per km (47% of English health authorities have fewer than 80% of wards with one practice within 3km of the ward centre; York Health Economics Consortium, Second Report for the NHS Executive on Primary Care Consortia & Patient Choice, October, 1996).

7 EAG estimate based on 1.4km return travel costed as in 6 above (50% of the population travel less than 0.7km to visit a pharmacy; Aston University/MEL Research, 1991). This assumes OTC retailers are no closer than a pharmacy.

8 Half-day absence; cost derived from CBI report, Managing Absence 1996.

Continued from P21

before and recognised again, people are less likely to visit a doctor, more likely to use a medicine readily available and more likely to use nothing.

Having chosen their OTC medicine, the BMRB study also shows that people react to the outcome of their medicine usage responsibly. Seventy-eight per cent of OTC products are used for a week or less, and the main reason given for stopping their use is that the ailment got better.

Additional endorsement of the effectiveness of the OTC scenarios lies in the fact that 90 per cent of the OTC medicines reported in the research are likely to be used again for the same condition.

However, the BMRB research also suggests that, in a two-week period, 8 per cent of the adult population, or 3.7 million people, visit their GP for a minor ailment. This equates to 96m consultations per year.

Two-thirds of all these consultations result in a prescription, giving rise to over 63m prescriptions per year, or 14 per cent of all NHS prescriptions.

This is the consequence of medical practice lagging behind the principle of self-medication. Policymakers acknowledge a crucial issue for GPs is to offer patients the choice between an NHS prescription and the purchase of an OTC product for many minor conditions. Scenario C in Table 1 needs to be considered in lieu of Scenario B.

When the same condition reappears, scenarios D and E need to

be considered by the consumer in lieu of Scenario B. It is clear that there is further potential for encouraging self-medication following an initial GP consultation – in particular, a further appointment may not be necessary.

There are two points at which NHS resources may be wasted:

- when a prescription is written rather than an OTC recommendation being made
- when the same patient returns for a further consultation instead of being encouraged to self-medicate.

The way forward

What we need to work towards is a model of treatment which starts with a GP consultation for diagnosis of the first episode of the condition and recommendation of appropriate treatment.

If this treatment is available OTC, the patient can visit the pharmacy and make subsequent visits to the pharmacy if there is no improvement in the condition or if there is a further episode.

To prevent inappropriate use of the OTC, the pharmacist acts as a filter to ensure the patient is self-medication appropriately.

In effect, scenarios C, D and E may, in many cases, be sequential. The savings in GP time, identified by the Audit Commission, are real and valuable. If a quarter of current consultations for

minor ailments could be avoided through the concept of collaborative care, that would equate to 24m consultations per year, potentially valued at over £380m.

More importantly, at an average of 10 minutes per consultation, that would result in over

135 more hours available for every GP. GPs need more time to foster preventative healthcare initiatives – this is at the heart of the 'Health of the Nation' strategy.

The savings in the drugs bill are equally real. Policymakers looking to contain the rise in public expenditure on healthcare realise the most practical route is to switch some of the budget responsibility for medicines away from the state and on to consumers.

For some practices there are definite and substantial savings to be secured through recommending OTC therapies instead of issuing a prescription. Recent research by Thomas and Noyce in the *BMJ* showed a 71 per cent saving could be achieved at the practice considered, adding up to £15,000 per year.

The untapped potential for GPs to recommend more OTC therapies, and for consumers to buy them, is clear. Safeguards need to be maintained in relation to accurate diagnosis and appropriate use of treatments, and GP consultations have a central role

to play in this when a condition first appears. But GPs need to be actively encouraged to provide advice and recommendation rather than a prescription.

The role of the community pharmacist is becoming far more important in advising consumers, and training pharmacists to give this advice is recognised by the Royal Pharmaceutical Society as a priority. Equally important is the establishment (and funding) of communication programmes that educate and inform GPs about OTC therapies.

Of all the actors involved in the debate over self-medication, the patient is by far the most important, but often the most forgotten. There is an overwhelming body of evidence that consumers value OTC therapies highly and use them responsibly.

But the most substantial benefits for primary care as a whole may be in the contribution self-medication can make to improving the health of the nation through the most effective use of NHS resources. It is up to policymakers to adopt a strategy towards OTC promotion which recognises this and reaps the rewards in terms of both economics and quality of care.

Jeremy Holmes is managing director of the Economists Advisory Group, one of Europe's longest-established economics consultancies working for pharmaceutical and healthcare industries and policy evaluation for the EC, OECD and national governments (tel: 0171 224 9100).



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Extend the clinics, not the pharmacies

The British Medical Association says that consideration should be given to making condoms available free of charge from pharmacies. Mates Healthcare certainly supports the availability of free condoms through channels that are specifically resourced to provide the necessary advice about contraceptive choice.

Yet community clinics where this expertise already exists are being cut back extensively. Mates believes that the emphasis should be on saving and developing these primary care services, indeed extending them to include general practice.

However, in our view, the commercial environment of the retail pharmacy is, for practical reasons, not appropriate for sexual health (including family planning) consultations. To embark on such a course would require massive investment in terms of consulting rooms and training. These already exist elsewhere in the health service.

The reduction of unintended pregnancy and the incidence of sexually transmitted infections is an aim supported by all. The BMA's concerns highlight the need for a new, strategic approach to family planning provision within the UK, coupled with the need for comprehensive sex education in our schools. These are the fundamentals that Government needs to grasp.

Chris Bell

Director, Mates Healthcare

Strict but fair ...

I read with vested interest your editorial (C&D August 2) on the generics industry's apparent universal sensitivity to the Medicines Control

Agency's clampdown on incentives.

For my part, I welcome the news and consider it to be an opportunity to forge a better partnership with Government, pharmacists and patients.

I would not want to give the impression of being whiter than white, having been part and parcel of this industry for ten years. However, I believe it is time to draw a line under what has been happening.

When we launched Genus Pharmaceuticals in January, we set out to be different, so we adopted a policy of offering pharmacists practical support in the form of education and training. We believe that these types of 'added value' programmes point the way forward. So far, most of our customers seem to agree.

The Government may have been hard on the industry in not making it clear what it expected of us before criticising, but how many of us in the privacy of our hearts would deny that its action was long overdue?

Colin Darroch

Divisional director, Genus Pharmaceuticals

For the record ...

Following the publication in the pharmaceutical press of the outcome of the inquiry by the Statutory Committee into Signalysis and myself, I would like to make all members aware of the statement I made to the press on August 14.

"For the first time since becoming superintendent pharmacist at Signalysis in April, 1994, I have received advice from the Royal Pharmaceutical Society. I have followed their advice to resign my position at Signalysis.

"When I applied to the Society to take up this position, no warning nor

advice was forthcoming from the RPSGB that I might be jeopardising my career. I now feel it is unfair that, without any prior written or verbal warning before this inquiry, I am being threatened with being struck off from the Pharmaceutical Register.

"I worked in good faith at a pharmacy, registered and inspected by the RPSGB's inspector. I feel I have no case to answer, and that I have been made a scapegoat."

For legal reasons I can make no further comment here. However, in view of the situation I find myself in, I would like to alert all pharmacists to the unpredictable behaviour of the Royal Pharmaceutical Society with regard to alternative medicine and suggest that all members make sure they have personal liability insurance.

Jasmine Wells

Amberley, Stroud



Paul Moules from Hills Pharmacy in Ashford, Kent, is one of two pharmacists to have won £800 of PC World vouchers as part of Gaviscon Advance's television commercial competition. There were 1,200 correct entries. To win, he answered questions about the commercials. Paul (left) is pictured receiving his prize from Reckitt & Colman representative Stuart Finn



David Lea, a senior buyer with Dudley Taylor pharmacies, was given the chance to fly a vintage Tiger Moth biplane in the skies over Woburn Abbey last month. Mr Lea, who is a qualified pilot, attended the International Moth Rally courtesy of Tiger Balm, and was delighted to have flown in an open-topped aircraft. Pictured (l-r) are Michael Buffery of Tiger Medicals, Mr Lea, John Moore of Tiger Medicals and Neil Chapple of distributor LRC Products

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The ten modules for the first half of the course will come free to UK pharmacies through either Chemist & Druggist or Community Pharmacy (see insert with this module in this issue for full details). Pharmacists aiming to complete CiCPM must register with Miller Freeman and pay a fee of £100 to cover the first half of the course. (Registrants must subscribe to C&D or be on Community Pharmacy's mailing list.) The ten modules provide 50 hours of learning, or

half the 100 hours needed for the CiCPM. The fee covers project administration, registration and telephone marking, and three progress reports.

Pharmacists who wish to proceed to second 50-hour project stage must have registered with Miller Freeman for the module component. The second stage attracts a fee of £200 to cover course preparation, marking, access to a course tutor and certification by QUB. Pharmacists registering for both parts simultaneously can save £25.

EPIC tasks ahead

Employee Pharmacists in the Community (EPIC), the recently-formed association representing community pharmacy employees and locums, may have a hard time recruiting more members, as C&D's latest business trends survey reveals

Only 2 per cent of pharmacists are prepared to pay £99.84 a year to become members of EPIC, reports C&D's business trends survey.

EPIC, perhaps, should not be too surprised. A previous *Chemist & Druggist* survey had already highlighted the sensitive nature of the association's fee, with half of respondents saying they would pay between £1-£50 and the other half not prepared to comment (C&D March 8, 1997, p28).

Although EPIC attracted enough members to become part of the MSF union in May, it obviously wants more. The latest news is not much of a morale booster.

More than half the respondents do not want to join EPIC, rising to 73 per cent for pharmacists working in multiples (in the previous survey, most pharmacists in multiples wanted EPIC to be independent). Forty-one per cent say they are not eligible.

Pharmacists working in north west England are the least interested - 74 per cent would not join.

Just over one-third of respondents have rejected EPIC because it is part of a trade union, while 22 per cent claim its fee is too high. Nearly one-quarter, however, do not want to commit themselves until they see how effective it is.

EPIC could argue that view is self-defeating since its strength, like any other trade union, depends on how many members it has.

A minimum wage

Just under two-thirds, meanwhile, say none of their staff would be affected if a minimum wage of £3.50 per hour was introduced. Twenty-two per cent say it could affect one or two



employees.

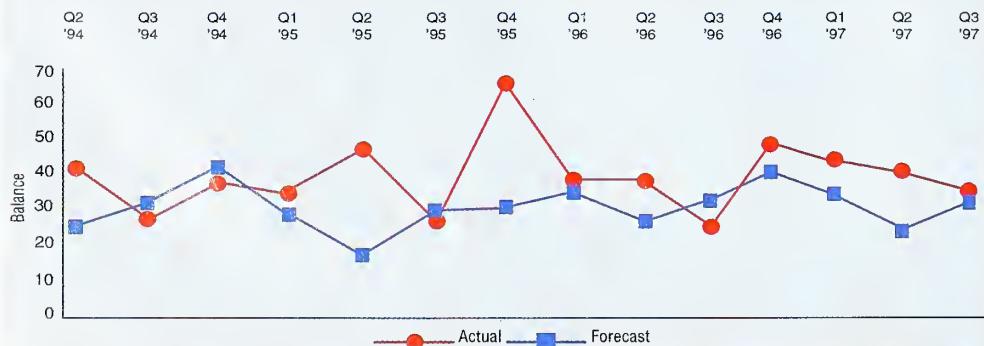
The impact depends on the pharmacy's size. Hardest hit would be those whose turnover exceeds £1 million - 40 per cent say the hypothetical minimum would affect five or more of their staff. Nearly one-third of those with a turnover less than £350,000 estimate one or two staff would be affected.

More than three-quarters of respondents say the minimum would increase their weekly wage bill by up to £50. Only 15 per cent expect a greater increase.

Just over half of the pharmacists employed one or two assistants and 35 per cent had more than two.

Overall pharmacy sales, excluding NHS prescriptions, remain encouraging. Forty-one per cent of the panel saw improved sales, compared with the same period last year. A little over one-third saw no change.

Actual vs forecast trends in sales of OTC medicines



Chemist & Druggist
Quarterly Business Trends
in association with



PHARMACEUTICALS
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last year. Ninety-one per cent say sales were up or stable. And 90 per cent expect a similar result during the next quarter.

Eighty per cent of pharmacists in south west England increased their OTC sales. More than half of them are confident of another rise during the next quarter.

OTC sales were relatively poor in north west England, where only 33 per cent of respondents saw an increase.

Analgesic sales were also relatively strong - 39 per cent of pharmacists saw an increase and 29 per cent expect another rise during the next quarter.

Photoprocessing sales, not surprisingly, benefited as consumers prepare to go on holiday. More than one-third of the panel increased sales, and 38 per cent say they will continue to grow during the peak holiday period.

While most regions fared well, more than one-quarter of pharmacists in north east England (including Yorkshire) saw their photoprocessing sales fall.

Nearly one-third of the panel, meanwhile, sold more vitamins, although 21 per cent sold less. Vitamin sales were especially buoyant in the south east of England (including East Anglia), where they rose among half of respondents.

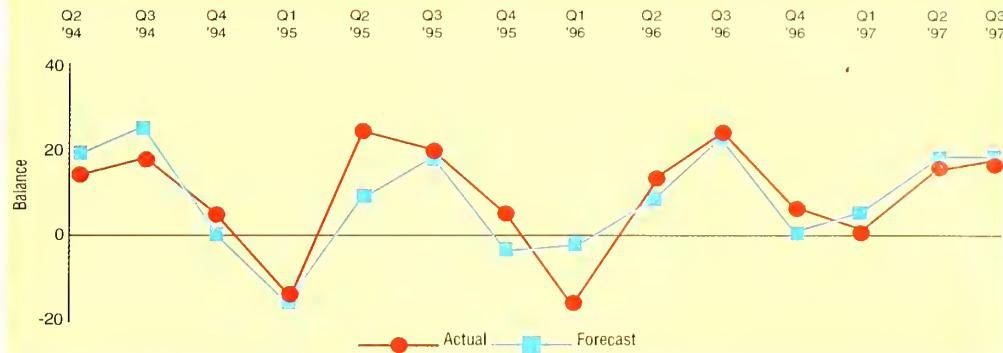
Sales of indigestion/stomach upset remedies grew 28 per cent.

Traditionally weak categories continue to decline. One-third of respondents sold fewer cosmetics, while 48 per cent saw a dip in fragrances, 26 per cent in toiletries and 26 per cent in baby care products, although nearly one-quarter of pharmacists did sell more baby care products.

● Questionnaires were sent out to 506 members of the C&D retail business trends panel, of which 288 replied.

● Sixty-nine per cent of respondents were independents, the rest were multiples; 21 per cent were pharmacists whose turnover was less than £350,000; 28 per cent had £350,000-£500,000; 40 per cent had £500,000-£999,999; 7 per cent exceeded £1 million; and 4 per cent did not state their turnover.

Actual vs forecast trends in sales of photo processing



As usual, the panel are confident their own businesses will do well. Nearly a third feel optimistic about their prospects during the next quarter, rising to 35 per cent for the 12-month forecast.

More than half of community pharmacists voted in the Royal Pharmaceutical Society Council election – 44 per cent did not.

The most conscientious were in the Midlands – 61 per cent voted – and the most apathetic in south west England, where 40 per cent voted.

Of those who did not vote, 40 per cent say it was because they did not know enough about the candidates. A quarter had forgotten to vote and a sizeable minority – 15 per cent – did not like any of the candidates. That feeling was strongest in south west England, with 27 per cent claiming that as a reason.

Most pharmacists – 86 per cent – believe companies and associations should not be allowed to canvass for candidates who might be sympathetic towards them.

And 89 per cent would like the Society's electoral procedures to be more enforceable, so that the secretary and registrar would be able to act effectively if the rules were breached.

In contrast, 31 per cent feel pessimistic about the retail pharmacy sector over the next quarter, and 44 per cent for its prospects over the next 12 months.

The gloom is deepest in south east England, where 42 per cent of respondents feel pessimistic about the next quarter and 52 per cent about the next 12 months.

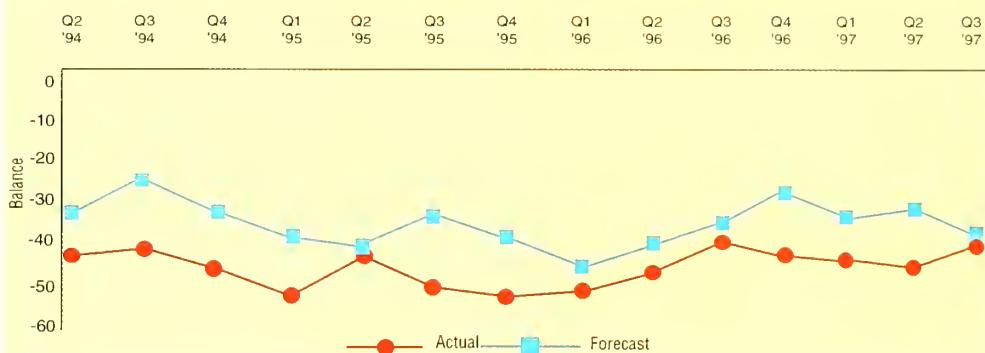
Pharmacists feel the retail sec-

tor – as a whole – is more secure. More than a quarter feel optimistic about prospects over the next 12 months.

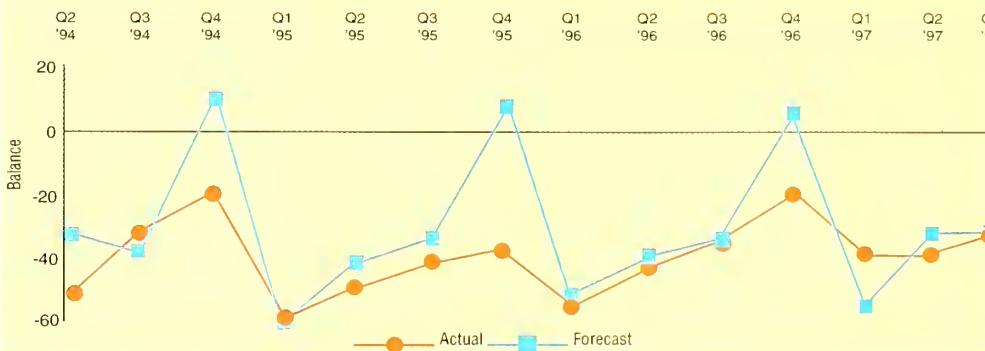
Offers to buy pharmacies have fallen – 18 per cent of respondents were approached during the last quarter (compared with 26 per cent during the previous survey). Only 7 per cent accepted, although 34 per cent were still considering the offers.

Independents seem more indecisive – 41 per cent were still considering their offer. Only 3 per cent had accepted. Pharmacists with small businesses – turnover less than \$350,000 – are far more likely to accept than their bigger colleagues.

Actual vs forecast trends in margins



Actual vs forecast trends in sales of fragrances



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Cortecs and Macritonin

Cortecs International has lodged its first registration application in Europe for Macritonin, an oral calcitonin to treat osteoporosis.

The country's name remains confidential. Calcitonin is currently available only in injectable and intranasal form – annual worldwide sales are estimated at \$800 million (£500m).

New Link address

Link Pharmaceuticals has moved to: 7/8 Sterling Buildings, Carfax, Horsham, West Sussex RH12 1DR, telephone: 01403 272451.

Free legal guide

A free self-help guide to the legal pitfalls of employment contracts, 'Employing Staff', is available from Lawyers For Your Business, the Law Society's scheme that aims to help small businesses deal with commercial law problems. For a free copy, telephone 0171 405 9075.

UNC expands offices

United Norwest Co-op has almost doubled its office premises by acquiring a site adjacent to its headquarters in Congleton, Cheshire. The Co-op has been expanding over the past 12 months and aims to increase its pharmacy chain by 30 outlets to 100 over the next two years.

Shire board appointment

Robert Cohen has been appointed to Shire Pharmaceuticals Group's management board. He is currently president of Shire Laboratories, the group's US subsidiary.

Numark offers £240 second-quarter rebate to all of its members

SB to fight US damages claim for \$1.5 billion

Smithkline Beecham has vowed to fight American health insurers who are suing it for \$1.5 billion (\$950 million).

The consortium, consisting of 37 insurers – including New York Life and Prudential, wants compensation for the money it paid out to clients who had been overcharged by SB's clinical laboratories division. The insurers' legal claim, which runs to 110 pages, also alleges widespread fraud that includes kickbacks to doctors.

This is SB's second major legal battle in the US in months – it earlier agreed to pay \$325m to Medicare and other US govern-

ment healthcare agencies over similar charges.

SB's clinical laboratories carry out blood, urine and other tests for US doctors and hospitals. These costs are usually met by insurers, who cover companies' employee benefit schemes and other healthcare plans.

The insurers' claims have been filed under the Racketeer Influenced and Corrupt Organisations Act, which means they have to prove that SB intentionally broke the law.

An SB spokesman says the claims are "grossly exaggerated. The legal bases for recovery [of damages] are highly question-

able. In particular, SB denies defrauding any insurance companies. We will vigorously defend ourselves in this matter".

He denies the case will blow a big hole in SB's finances. The company earlier set aside \$250m to pay for US disputes.

An out of court settlement appears likely, although SB is unlikely to pay as much as the insurers want. Claims for damages in the US are always set high and usually negotiated to a much lower and more realistic level.

The City shares SB's cynicism – its shares fell only 0.5p to 1,134.5p on the day the US claim was announced.

'UK is big baby care spender'

quickly between 2010 and 2025.

The markets are obviously ripe for expansion – the People's Republic of China and India respectively spend \$0.28 and \$0.09 per head annually on baby care products.

'The World Market For Baby-care Products' says British consumers spent nearly \$18 (\$11.25) per head on baby care products in 1995. That was \$2 per head more than consumers in the US, the world's biggest baby care market.

Both are still some way behind the Netherlands, whose consumers spent \$22 each.

The UK baby care market was the fourth largest in the world in 1995, with sales topping \$1 billion. The US was the largest with \$4bn.

Future global expansion will come from developing countries. Russia is forecast to shoot up from 14th to fourth by 2000. The UK market will slip down to fifth.

Global baby care sales, fuelled by those in underdeveloped countries, will grow extremely

Baby wipes, meanwhile, will be the fastest-growing baby care sector over the next few years. Their sales will reach \$1,407 million by 2000, up 48 per cent on their level in 1995.

Another expanding area is baby OTC healthcare, whose global sales should grow 44 per cent to \$1,911m by 2000.

Baby toiletry sales will rise 23 per cent to \$3,144m, while the disposable nappy sector – the biggest in the baby care market – will grow 30 per cent to \$16,502m.

'The World Market for Baby-care Products', Euromonitor, price \$4,950, telephone: 0171 251 1105.

Four Ps from Genus

Genus, the UK generics arm of multinational Wyeth, is planning to introduce four P medicines to its portfolio in January.

The company is also proposing to spend \$30,000 a year over the next three years supporting community pharmacy practice research projects.

It has been reviewing studies with three local pharmaceutical committees and at least one of the projects will be co-ordinated through Portsmouth University. An announcement is expected in October.

Genus, which prefers to call itself a multi-source product company, is now six months old and claims to be on target for August sales of \$1 million.

Business director Colin Darroch (below) says it is not looking for high-volume, price-competitive products; it is seeking to concentrate on a mixture of slow release products, off-patent and ex-branded lines from its parent and elsewhere, plus niche products.

"We also set out to be different by offering practical training and support to pharmacists," he says.



January and August, which was more than it recruited throughout the whole of last year.

● A Wiltshire-based Numark shareholder, Nick Gompels, has joined the company's board of directors following the retirement of fellow shareholder Tony Barber. Mr Gompels joined Numark in 1995 and became chairman of the Royal Pharmaceutical Society's Southern Regional Committee in the same year. He is also a current member of Wiltshire Local Pharmaceutical Committee.

Numark's managing director Terry Norris (right) welcomes Nick Gompels to the Numark board



Glaxo loses generic Zantac court case

Glaxo Wellcome has lost a lawsuit filed against Apotex, one of Canada's largest drug companies, to prevent it from launching generic tablet versions of Zantac.

GW had argued that the ranitidine tablets infringed its patent on ranitidine form 2, which expires in 2002. Chicago's US federal court, however, ruled that the tablets comprised ranitidine form 1, whose patent expired in July.

Torpharm, an Apotex subsidiary, expects to launch its tablets in the US "within days". It has already received the US Food and Drugs Administration's "tentative" approval to market

the tablet and expects a final approval immediately because of the court ruling.

Zantac's US sales are worth about \$1.3 billion.

Glaxo is considering appealing. It has other court cases pending against Chelsea, Mylan and Ranbaxy, all of which want to launch generic ranitidine tablets.

Novopharm, Apotex's main Canadian rival, has exclusive rights to sell ranitidine form 1 until August 29. It began selling early this month after making an agreement with Genpharm, another generic manufacturer.

Apotex-Torphan, however, has filed a lawsuit to block

Novopharm's ranitidine tablet sales. It argues they infringe a patented formula on its own ranitidine form 1 tablets.

● Glaxo Wellcome is the biggest-selling POM manufacturer in the UK, according to market researcher Datamonitor in its report, 'Pharmadominus UK'.

The company's POM sales are more than 21 per cent higher than its nearest rival, Rhone-Poulenc Rorer, and almost twice that of Smithkline Beecham, ranked third in Datamonitor's top ten list of POM companies.

Datamonitor says global mergers and acquisitions have created giant drug companies, which

have squeezed out small manufacturers in the UK.

Any change among the UK's top drug companies will reflect the international consolidation of multinational parents, rather than subsidiaries' performances.

Large multinationals account for 90 per cent of the UK's top 20 drug companies – the remainder comes from small European companies based abroad.

Thirty-three per cent of the multinationals have their headquarters in the UK and 57 per cent are based abroad.

'Pharmadominus UK', Datamonitor, price \$1,995, telephone: 0171 625 8548.

Rhone-Poulenc in £2.7bn bid for RPR

Rhone-Poulenc is seeking sole ownership of Rhone-Poulenc Rorer by offering \$97 per share in cash for its common stock.

The offer is a little more than RP originally planned – last month the company said it would pay \$92 per share (C&D July 5, p25).

RPR shareholders have been given five working days to accept the offer, which will cost RP Ff27 billion (\$2.7bn). By that time, RP hopes to own at least 90 per cent of the outstanding stake – it currently has 68.1 per cent of RPR's shares.

Let the seller beware

Proprietor pharmacists should be warned that they are not protected by employment law if they sell their businesses.

Frank Walker, who had a 97 per cent stake in Carlisle-based Thomas Ridley & Son (Chemists), lost his employment rights when he sold it to a multiple.

His barrister told him, under the Transfer of Undertaking (Employment Protection) Regulations 1981, he could not be thought an employee of Ridley because he owned most of its shares.

Zeneca divests creams

Zeneca has divested a range of antiseptic and other cream products because they do not fit its therapeutic portfolio.

The products include Synalar, Exelderm, Cetavlex, Cetavlon, Naseptin, Siopel, Hibitane Obstetric and Hibitane Antiseptic. Last year, the products' sales were worth \$7.5 million.

● Zeneca's new migraine treatment – Zomig – has received regulatory approval in Germany, Denmark and Finland.

'Prescriptions save NHS £6bn in hospital costs'

Prescription medicines saved the NHS about \$6 billion in potential hospital treatment costs in 1996, reports the Office of Health Economics' 'Compendium of Health Statistics 1997'.

The medicines cost the NHS about \$5.1bn, representing 12 per cent of its total expenditure.

Charges levied against patients

raised \$919 million – 2.2 per cent of the cost of the NHS, while its per capita expenditure rose 1.5 per cent to \$717, compared with that in 1995.

Total spending on healthcare remains at 6.8 per cent of the UK's gross domestic product, which compares with an international average of 7.9 per cent

for developed countries.

In 1995, the NHS had 1,900 hospitals that cost \$23.1bn to run, employed 62,000 doctors and 412,000 nurses – out of a total 933,000 staff. GP numbers rose to 35,800 last year.

OHE's 'Compendium of Health Statistics 1997', price \$195, telephone: 0171 930 9203.

COMPANY IN FOCUS

Pierre Fabre, hasn't he just opened a new boutique in Knightsbridge? Typical knee-jerk response to a French name. Pierre Fabre, in fact, is one of France's biggest privately-owned pharmaceutical and dermo-cosmetic companies.

Why is it called Pierre Fabre? It is named after its founder, a qualified pharmacist, who set up the company in 1961. Pierre Fabre, based in Tarn, France, now has subsidiaries in Europe, Japan, the US and South America. Aside from prescription medicines, it is also involved in dental care, weight loss and smoking cessation products.

Its turnover last year topped Ffr6 billion, 30 per cent of which was generated outside of France. The company has around 6,800 employees worldwide.

Where does the UK fit in? Pierre Fabre has decided to become big here, too, and has set up two subsidiaries: Pierre

Fabre Oncology and Pierre Fabre Research. Its first UK product – Navelbine – was launched recently.

Navelbine? A chemotherapeutic agent to treat non-small cell lung cancer and advanced breast cancer. A full course of treatment costs about \$1,000. Pierre Fabre says Navelbine is France's market leader in lung cancer and among the top five

drugs in breast cancer. The drug has also been launched in Sweden and Germany.

How well will it do in the UK? Martin Grange, managing director of Pierre Fabre Oncology, comments: "It depends how quickly it is taken up. But we expect it to be among the top three treatments in the UK within three years.

The company has also filed a licence application for a depression treatment, which it says should be in the UK by the end of next year.

What are the UK subsidiaries' turnover targets? No firm details, but Mr Grange says the group intends to be viable within three years.

Any expansion plans in the pipeline? Probably after the depression drug is launched in the UK. Mr Grange says the group will set up a new unit and recruit at least 30 new staff.



Tony Fox (far right), Pierre Fabre Oncology's national sales manager, and his sales force aim to make Navelbine one of the UK's best-selling oncology drugs

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A former mayor of Romsey once said: "You can please none of the people, none of the time." So what made pharmacist Sandra Gidley take on the job?

John Plant reports

Although Sandra Gidley believes that pharmacists do not make good politicians, she does not practise what she preaches. She is the 390th and youngest-ever woman mayor of Romsey.

Sandra graduated from Bath University in 1978 and did her pre-registration at R Gordon Drummonds in Pontypridd the following year.

After positions in and around the Cheltenham and Gloucester area, she moved to Romsey ten years ago. She is now pharmacy manager at Safeways in Bitterne, near Southampton, where she has been for five years.

She has considered pharmacy politics, but dismisses the idea on the grounds that she would not have an influence, and she dislikes working if there is little to show for it. She was also put off as a student when she attended a Boots' 'milk round' dinner and sat next to a manager who spoke to her in acronyms the entire evening.

"Pharmacy politicians do not achieve very much and do not have any teeth," she believes.

But as mayor of Romsey she has occasionally had the chance to chip in for the profession. On July 17, she had lunch with Sir George Young, an advocate for dispensing doctors, and she did her bit to enlighten him.

Her interest in politics began in the wake of the general election of 1992. She was unhappy with a lot of things about her town. The Liberal Democrats' philosophy appealed, so she read up about what the party stood for and found that she agreed with most of it.

She started helping the party with canvassing and delivering leaflets, and was invited to stand in the town and borough council elections in 1995. Much to her surprise, she was elected in both.

Sandra sits on the planning



Sandra Gidley, the town mayor of Romsey, with actor and former town resident George Baker (TV's Inspector Wexford of the Ruth Rendall mysteries)

and transportation committee of the borough council, which is composed of 23 Liberal and 21 Conservative councillors. The most common complaints received concern dog dirt and bins, she jokes.

After some persuasion, she stood for the position of mayor this year. Initially, she had doubts about her suitability because she thought she lacked experience – and former mayors were all retired and male.

At the investiture ceremony on May 20, which she considers the worst moment of her career, she was dressed in her hat and robes of office on a very hot day, thinking, "What have I done?"

She describes the role of mayor as being the number one citizen and a figurehead. "I get treated like minor royalty and that's fine, as long as they don't treat me like Fergie!" she says.

She believes that having the

ability to deal with people is an important requirement of her role, but the most important part is enjoying the job.

Getting things changed takes time but is possible, she says. The major impediments to progress are lack of funding or waiting for consultations to finish.

She is the type of person who finds time to do things, and her motto is: 'Where there is a will, there is a way'.

She is visibly pleased when she talks about her achievements. She thinks that although many of the changes made are small, they do have an impact on the quality of people's lives in the long run.

She is fighting housing allocation plans, which, she says, will urbanise the south coast, and lead to Romsey, a town a few miles north west of Southampton with a population of about 18,000, becoming a suburb of the port. "In another life, I think that

I would have become a town planner," she says.

Her two children (Gemma, aged 15, and Nicholas, 11) have become used to their mother being mayor, although to begin with they were slightly embarrassed. Her husband, Bill, is an electronic engineer and a shy man, she says. But he does his bit by accompanying her to events, and ends up enjoying himself.

After being a councillor, becoming apolitical is one of the harder aspects of the mayor's job to master, she has found. The world of local politics is a strange one and she caused quite a stir by changing the deputy mayor's ribbon from blue to gold.

Her singing has come on since taking office, she has noted. She has been surprised by the number of times she has been to church. "I'm relearning all the hymns that I used to sing as a child," she says.

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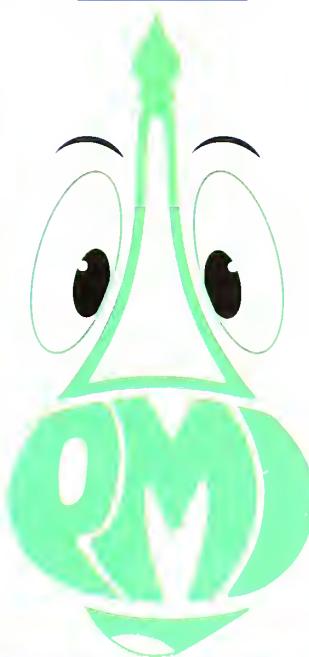


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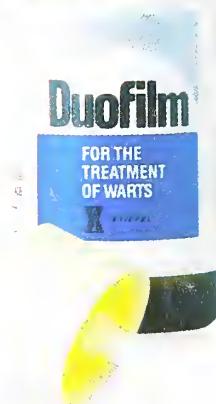
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